

This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`



LANE MEDICAL LIBRARY STANFORD
H727 .C36 1902 STOR
Book on the physician himself, and thing

LANE



MEDICAL LIBRARY

Gift
Dr.H.Behneman

Hans Schumann

THE PHYSICIAN HIMSELF

TWENTIETH
CENTURY
EDITION



D. W. CATHELL

These are our thoughts ON THE PERSONAL SIDE IN MEDICINE. We might have spun them out into a greater length; but we think a little plot of ground, thick sown, is better than a great field which, for the most part of it, lies fallow.



W. T. CATHELL.

BOOK

ON

THE PHYSICIAN HIMSELF

AND THINGS THAT CONCERN

HIS REPUTATION AND SUCCESS

BY

D. W. CATHELL, M.D.

THE TWENTIETH CENTURY EDITION

BEING THE ELEVENTH EDITION
REVISED AND ENLARGED BY
THE AUTHOR AND HIS SON

WILLIAM T. CATHELL, A.M., M.D.
BALTIMORE, MARYLAND



PHILADELPHIA
F. A. DAVIS COMPANY, PUBLISHERS
1902

COPYRIGHT, 1902,
BY
F. A. DAVIS COMPANY.

[Registered at Stationers' Hall, London, Eng.]

Philadelphia, Pa., U. S. A.:
The Medical Bulletin Printing-house,
1914-16 Cherry Street.

LANE LIBRARY

H727
C36
1902

Dedication

THE PRACTICE OF MEDICINE HAS TWO SIDES:

A GREATER, OR SCIENTIFIC, SIDE

AND

A LESSER, OR PERSONAL, SIDE.

THIS LITTLE BOOK IS AN ESSAY ON THE LESSER, OR PERSONAL, SIDE,

AND IS

RESPECTFULLY DEDICATED

TO THE

YOUNGER MEMBERS OF OUR PROFESSION

AND

ALSO THE OLDER ONES

WHO HAVE PAUSED AT LESS THAN THE AVERAGE DEGREE OF SUCCESS IN LIFE.

IN ADDITION: IF IT BE TRUE THAT, HOWEVER MUCH ONE KNOWS, SOMETHING LIES BEYOND, WE HOPE THAT NOT ONLY THEY, BUT ITS OLDER AND WISER, AND EVEN ITS WISEST, READERS MAY ALSO FIND IN IT SOMETHING OF VALUE.

66423

Preface

WE, the authors, working together in the same professional field, encountering the same new problems, and acquiring the same fresh experience, have united our heads, our hands, and our hearts in an attempt to make "The Book on the Physician Himself" more worthy of the numerous commendations it has received and of still greater benefit to those who follow its teachings.

In fulfilling this task we have laid our hands on almost every paragraph in it, and introduced so many new facts and added so much fresh material—here, there, and everywhere—that we have almost given the whole book a new birth.

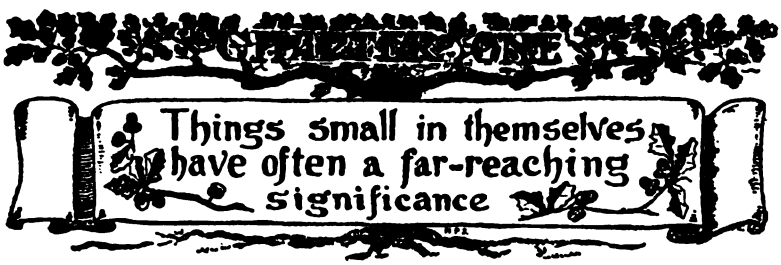
To distinguish between this and the older editions we have named this THE TWENTIETH CENTURY EDITION.

We beg you to judge it, good reader, not by opening it here and there, nor by glancing at detached paragraphs, but to study its pages from cover to cover, and thus qualify yourself to weigh correctly its teachings, which we would fain have to harmonize with the advice given by the Bishop of Lonsdale to those who came to him enquiring the way to heaven: "Turn to the right, then go straight forward."

D. W. C.

W. T. C.

1308 NORTH CHARLES STREET,
BALTIMORE, MD.



EVERY Medical Man discovers sooner or later that The Practice of Medicine has two sides: A Greater Scientific Side, and a Lesser, but important, Personal Side, and that to fight the battles of life successfully it is as necessary for even the most scientific physician to possess a certain amount of professional tact and business sagacity as it is for a ship to have a rudder. There are gentlemen in the ranks of our profession who are perfectly acquainted with all the scientific aspects of medicine, and can tell you what to do for almost every ailment that afflicts humanity, who, nevertheless, after earnest trial, have failed to achieve reputation or acquire practice simply because they are deficient on the personal side, and lack the *professional tact and business sagacity* that would make their other qualities successful; and there is nothing more pitiful than to see a worthy aspirant, deficient in these respects, waiting year after year for practice, and a consequent sphere of professional usefulness, that never come.

Were any such graduate to ask us: "How can I conduct myself in the profession, and what honorable and legitimate personal means shall I add to my scientific knowledge and book-learning in order to make my success in the great professional struggle more certain, more rapid, and more complete?" we should offer him the following suggestions:—

First, last, and in the midst of all, you should, as a man

and as a physician, found your expectations of success on your personal and scientific qualifications, and keep whatever is honest, whatever is true, whatever is just, and whatever is pure, foremost in your mind, and be governed by it. If you do not, you will not deserve to succeed in the honorable profession of medicine, and no honest man can wish you success.

Beware of mistakes at the outset. Whether, after graduation, you commence to practice without any intermediate course, or wisely strive further to prepare and refine and broaden yourself for your life's work by a limited term of service as resident physician or clinical assistant in some hospital, or by taking a systematic course in diagnosing, prescribing, and manipulating at some post-graduate school in one of our own great cities, or endeavor to obtain a more complete scientific knowledge of what is known to the profession by making a journey to the hospitals and clinics of London, Paris, Berlin, Vienna, or Leipzig, that your eyes may see the work, and that your ears may drink in some of the oxygen of lofty science from these great teachers while your mind is still flexible, is a matter of taste, money, time, and opportunity; but, whenever and wherever you attempt to start private practice, you should, above all else, be seriously in earnest and strive to begin right, and, by the aid of tireless industry and determination, to enter promptly on the road to success; for, unless you gain popular favor by a display of ability, acquire a favorable reputation, and build up a fair practice in your first six or eight years, the probabilities are that you never will. In the battle of life it is not simply the events of school-days and college hours, but the after-performances in the broader arena of life that prove the physician:—

> **Life is a sheet of paper, white,**
> **Whereon each man of us may write**
> **His word or two, and then comes night.**

Beware of entangling alliances. It is, as a rule, better not

to enter into partnership with other physicians. Partners are usually not equally matched in industry, capacity for work, tact, temperament, and other qualities indispensable to an intimate and congenial fellowship, and are not equally esteemed by the public. Hence such professional alliances do not generally prove either as beneficial or satisfactory as expected, and consequently partnerships rarely continue long. Above all else, be slow to ally yourself with this or that selfish physician as assistant or junior partner, you to do the drudgery, or on any other unequal terms. The sooner you learn to depend on yourself, the better. Julius Cæsar said: "I had rather be the first man in a village than the second man in a great city":—

The fame that a man wins himself is best;
***That*, he may call his own.**

Unless you have the locality and your place of residence already selected, you may find it the most difficult problem of your life, with our whole continent and its millions and millions of people before you, accurately to balance and weigh the advantages and the disadvantages of this, that, or the other nook, corner, or opening. Whether to locate in your own town, among the generation you have grown up with, and where everybody knows all about you and your pedigree from the cradle up, or in a different or distant part; in a populous city or a moderate-sized town, in a village or a rural district; in the East or the West, the North or the South of our widespread land, is truly a puzzling puzzle that is apt to be the turning-point in your life.

Many big blunders are made at the outset by locating in the wrong place; therefore take care to:—

Look before you leap,

give the subject your very best thought, and decide with great care, and only after duly considering your own qualities and

qualifications, as well as the locations,—whether you are self-reliant and pushing or quiet and unobtrusive, because a physician may shine brightly in one rank who would be totally eclipsed in another. Whether you have abilities that will enable you to compete with the wisest and the best, and compel people in a populous center to employ you in preference to your neighbors; or whether, being less fully armed, you had better be satisfied with mediocrity, and become a modest country doctor in a less thickly settled village or town, where there is less competition and less talent to encounter; or go to the new States and grow with the growth of the settlements, or rise with the virgin villages, or spread with the cities that are there springing up like mushrooms. Remember, however, that:—

Where there is nothing great to be done, a great man is impossible.

and also that, wherever you cast your lot, you are not likely to arrive at more than you aim at.

Medicine, like everything else, thrives best in good ground. By all means seek to locate in a section to which you are suited; that will be congenial as a place to live in; and in which you are likely to have your health, get business, and be useful to your fellow-beings, and also earn a living:—

Where you are sure to "get along," and may "get up."

Bear in mind that unpopular opinions in politics or religion injure, and that, all else equal, you will be more likely to succeed and be contented in a community where your views, habits, and tastes are in harmony with the bulk of the people, morally, socially, and politically: where there are people you could respect and love, and where you will probably get the warm hand instead of the cold shoulder of good patients, and not have to hide your religion or your principles to get bread.

No matter where you start, if, alas:—

You wear the bloom of youth upon your cheek

if you are guilty of the terrible sin of being youthful, you will hear the adjective "young" oftener than is pleasant and encounter up-hill difficulties that older physicians do not. "He looks too young"; "He lacks experience"; "He don't know anything"; "He has no practice; therefore is no good"; "He shouldn't doctor me," and "I'd send him off and get an older dokter," or "I'd have a perfesser," or a "speshulest," are among the often-heard expressions. Face them all bravely. It is better to have a future than a past. Never doubt; but with stout heart, cool head, and ready hand show the world that you have a good head on your young shoulders, and that you deserve to succeed, and success will surely come, yes:—

The world will find you.

Industry and enthusiasm, with strict attention to the opportunities that will present themselves for winning confidence in cases that are incidentally thrown into your hands, and a diligent cultivation of your talents; with promptness, civility, courtesy, and unobjectionable conduct to all, rich and poor alike; with pleasant manners, but no time to gossip, will bring it. The best introductory letters and testimonials you can have will be your own success founded on individual effort. Even a single event, or an accident, or a chance case may fortunately give you an introduction to extensive business. Avoid showing frivolity, and if you are smooth-faced and youthful-looking, unless you have some special reason for the contrary, let your moustache or beard, or both, grow, if they will; and remember that our Saviour and Alexander the Great each lived but thirty-three years, and Napoleon commanded the army of Italy at twenty-seven.

If you begin practice in a city or town, the location and appearance of your office will, more or less, affect your progress; and you will do well to select one easy of access; in a genteel, middle-class neighborhood; upon or very near one

or more of the main thoroughfares and convenient to either a thickly populated, old section or a rapidly growing, new one; but do not locate in a run-down, going-to-wreck section, or where there is an overwhelming majority of:—

The great unwashed.

The nearer to a large section of genteel, well-to-do business people, mechanics, etc., the better. If you were to locate on a back or unfrequented street, or other out-of-the-way place, or in some poor country place, where the land is unproductive and the population sparse, simply because there is but little or no near competition, it would naturally suggest to everybody that you had poor judgment, or were made of timorous, negative material, or lacked individuality or the spirit of enterprise and enthusiasm, and were either waiting for practice to come unsought, or else had distrust of your own acquirements. Besides:—

He who does not show himself is overlooked.

Remember, in making your selection, that a physician cannot rely on his near neighbors for patronage; people in your immediate neighborhood may never employ you, while some farther away will want no one else.

If your first location disappoints you, change to another; but avoid frequent removals, and do not shift or change from one place to another unless it be clearly to better yourself. Select a place suited to your abilities and taste, and then be tenacious, even though you feel some disgust by familiar contact with persons socially beneath you, or at the difficulties that beset the receiving of expected fees, from coarse, ignorant, or unappreciative persons you have attended. Reputation is a thing that grows slowly, and every distant removal imperils part of the mover's practice, necessitates new efforts, and sometimes almost compels him to commence life over again.

Frequent removals in which no special betterment of position is shown also look like either natural instability or a never-do-well wandering spirit shifting about from lack of success, and suggest the question: If he had reputation and practice there, why did he come here?

Branch-offices are, as a rule, not desirable, for, in addition to the loss of time, and wear and tear in going to and fro, and double trouble in general, they are apt to create an uncertainty in the minds of those in need of the physician as to where and when he is most likely to be found. On estimating all the advantages and disadvantages, it will probably be seen that, as a rule, in these days of telephones and rapid transit, a plurality of offices increases greatly neither one's practice, one's popularity, nor one's income, but does add greatly to his expenses and his labors, and hence may be regarded as likely to prove more annoying than profitable. The same is true of office at one place and residence in another.

It has been said that:—

A physician never gets bread
Till he has no teeth to eat it.

Be this as it may, it is risky for you, if a beginner with no influence and but little money, to locate in a section already overstocked with popular, energetic family physicians and specialists, as their superior advantages, established reputations, and warm competition may keep you limited and crippled for too many years, possibly until your old age sets in before a chance or a change come; hence:—

Life is too short to waste.

Also, guard against locating close to large, free hospitals, and dispensaries, or among a whole troop of struggling beginners. Your first necessity is to possess knowledge and skill as a physician, your second is to find a field in which to exercise and display them; but, no matter where you locate, if you expect

to float idly down the tide of life, and look for success to be handed to you on a silver platter, or to leap into the race and begin away up with the leaders, or for business to follow immediately after your annunciation of being ready to receive it, and to perform a miracle, or to put a new feather in your cap, or get a fat fee every day, you will, except under very extraordinary circumstances, be rudely disappointed, because:—

For the noblest man that lives
There still remains a conflict.

A corner house is naturally preferable to one in the middle of a row, since it is convenient for persons coming from all directions, and not only has facilities for constructing an office-entrance on the side street, leaving the front door free for family use, but also insures fresh air to the consulting-room, and a good light for examinations, operations, and study. If you board, do so in a genteel house, and in a respectable neighborhood, at or close to your office.

Regarding offices: Try to have a nice, comfortable, cheerful waiting-room, with a recessed front door; also, a good, light, airy, and accessible consulting-room of moderate dimensions, with, if at all convenient, two doors,—one for the entrance and the other for the exit of patients,—for many of those who consult you will prefer to be let out through a passage or private door, and thus escape the gaze and possibly the whispering comments of others in waiting.

Exercise special care in their arrangement, and make them look fresh, neat, and clean outside; and give them a snug, bright, and cosy medical tone inside, neither as full as a wareroom nor as barren as a miser's apartments. Let their essential features show that their occupant is possessed of good breeding and cultivated taste, as well as learning and skill; and that they are not a lawyer's consulting-rooms, nor a clergyman's sanctum, nor an instrument-maker's shop, nor a smok-

ing-club's headquarters,—with a vile smell of stale cigars or pipes,—nor a sportsman's rest nor a loafing room for the idle, the dissipated, and the unemployed; nor a family parlor, nor a social meeting-place of any kind; but the offices of an earnest, working, scientific physician, who has a library, takes the journals, and makes full use of the instruments of precision, and the various methods that science has devised for doing different kinds of medical and surgical work, and regards his office as the twin sister to the sick-room.

Take particular care, however, to avoid making a quackish display of instruments and tools, and keep from sight such inappropriate and repulsive objects as catheters, syringes, stomach-pumps, obstetrical forceps, splints, trusses, amputating knives, skeletons, grinning skulls, jars of amputated extremities, tumors, manikins, the unripe fruit of the uterus, etc. Also avoid such chilling or coarse habits as keeping vaginal specula or human bones on your desk for ornaments or paper-weights:—

A shivering Raw-Head and Bloody-Bones display.

But while you should make no undue exhibition of books, surgical instruments, etc., it is not unprofessional to have about you—not for display, or designedly made conspicuous, but for ready and actual use—your outfit: microscope, stethoscope, laryngoscope, ophthalmoscope, spirit-lamp, test-tubes, reagents for testing specimens, and other modern aids to precision in diagnosis, with the various other scientific instruments you make use of in treatment; also to ornament your office with diplomas, certificates of society membership, potted or cut flowers or growing plants or vines, fine etchings, or photographs of your own professional friends or teachers. A galaxy of small pictures of medical celebrities—Hippocrates, Galen, Harvey, Gross, Pasteur, or whomever else you especially admire—may be grouped on the office walls by the

dozens or hundreds. Busts or statues are also in excellent taste, and are interesting to all, also academical prizes, professional relics, keepsakes, mementoes, medals, or anything else that tells of your mental or physical prowess in earlier days, or is especially associated with your medical studies and career. But, unless it be a few artistic ornaments or works of art, it is better to limit such articles to those that relate to you as a student or pertain to you or your vocation as a physician.

A surgical chair, a gynecological table, or both are now seen in almost every office, and in good hands, is apt to pay for itself many times a year.

In buying your office-outfit see that the walls and floors are tastefully covered. Articles of furniture should be few in number, but good, including a small and—if means will admit —handsome book-case, with writing-table and chairs to correspond. Have comfortable chairs for your patients' use, and one so arranged that they may sit in a good light during examination; but beware of stocking yourself with novelties and instruments that will probably go out of fashion or rust or spoil before you will need them. It is prudent not to invest heavily at first, but you must have the necessary every-day instruments which the urgency of certain cases will not give you time to go for when occasion arises for their use, and get others only when you have a use for them. Bear in mind that soft-rubber goods, and soft goods generally, deteriorate in keeping and finally become worthless.

A neat case of well-labeled and well-corked medicines is of great use and not unornamental; so also are dictionaries, encyclopedias, and lexicons for ready reference; also a non-striking time-piece to notify the time quietly to physician and patient by its tick-tock, tick-tock. Also, find a place for a neat looking-glass, or mirror; but display no miniature museum of sharks' heads, stuffed alligators, tortoise-shells, impaled butterflies, ships, steam-boats, mummies, snakes, fossils, stuffed

birds, lizards, crocodiles, tape-worms, devil-fish, ostrich-eggs, hornets' nests, or anything else that will advertise you in any light other than that of a cultivated physician. It will, to the thinking portion of the public, seem very much more appropriate for you, as a physician, to be jubilant over a restored patient or a useful medical discovery than to be ecstatic over a stuffed flying-fish, a rare shell, or an Egyptian mummy. If you have a natural love for such incongruous things, or are a bird- or dog- fancier or a bug-hunter, at least keep the fact private, and keep your specimens out of sight of the public, and endeavor to lead patients to think of you solely as an earnest, scientific physician.

Public opinion is the supreme court. You will be more esteemed by patients who call at your office, for any purpose, if they find you engaged in your professional duties and studies, than if playing music, making toy steam-boats, entertaining loungers, or occupied in other non-professional or trivial pursuits; even reading the newspapers, smoking, etc., at times proper for study and business, have an ill effect on public opinion, which is the creator, the source of all reputation, whether good or bad, and should be respected; for a good reputation is a large, a very large, yea one of the chief parts of a physician's capital.

It is your duty, as well as to your interest, to display no political or religious emblems, pictures, mottoes, etc., about your office, because these relate to your personal sentiments. Being emphatically a public man, and your office being a public place, not for any special class, but for every faith and party, no matter what shade of partisan or sectarian articles you may display, they will surely be repugnant to some, for:—

On life's stormy ocean diversely we sail,

and in this and all other matters fairly open to criticism it is a wise maxim to respect public opinion and let your office, at

least, be colorless in partisan affairs. Difference in religion or politics has often either prevented the employment of physicians or caused their dismissal, and the obtrusion of unpopular political or religious views has marred the prospects of many a physician; besides, what is popular to-day may be unpopular to-morrow; therefore, keep your heart and your office open to all parties, classes, and creeds. This will recommend you equally to all.

Establish a regular professional and business policy at the beginning of your career. Be at your post as punctually as possible, and have your office well heated in winter and kept cool in summer, lighted regularly every evening at the proper hour, your door-bell answered promptly, professional messages entered on the slate by the person in charge, and in all other respects show punctuality, system, and steadiness of purpose. You will find that absence from your office when needed, particularly if away for sport or pleasure, is a fruitful source of loss of practice; if, on the contrary, you are found when wanted, people will credit you with industry, regularity, and long-winded determination to succeed in your profession, which cannot fail to advertise you and bring you patronage.

Do not allow the ladies of the family to lounge about your office, reading your books, answering the office-bell, etc., lest it repel certain kinds of desirable patients. Both messengers and patients would rather meet you or your servant than ladies; nor let them have to meet two or three office-idlers face to face. Whenever this or that "friend" begins to come in for that purpose, *go to see a patient* or *go out on business* to get rid of him, and thus break it up. You should respect public opinion in these and in all other matters justly open to criticism.

Still more important to success will be the morals of the companions you make in your early career; in fact, all through life a physician is judged by the company he keeps. Avoid associating with aimless idlers and those who bear a

merited stigma, or cursed with incurable faults, or are notoriously deficient, or whose hopes and ambitions have been blighted or wrecked by intemperance or their good names otherwise tarnished by their own misconduct. On the contrary, let your associations be, as far as possible, with professional brethren of solid character and other people of genuine worth:—

Appetite grows by what it feeds on.

Prefer to spend your unoccupied time in your office with standard medical works and medical journals, or in getting keenness, culture, and development of your better parts by rational conversation with high-minded people, or with other physicians, or at medical meetings, or at this or that medical library, or in walking the hospitals, or attending lectures, instead of loitering around drug-stores, hotel-bars, saloons:—

The fool's paradise,

club-rooms, cigar-stores, billiard-parlors, barber-shops, or corner-groceries, with aimless fellows, who love doing nothing, frivolity, and dissipation; or to take such persons riding around in your carriage, or to the horse-racing, or to join the throng at the base-ball game, or going bicycling with them. No one ever conceives a more exalted opinion of a professional man by fraternizing with him at such unedifying places or seeing him in such company:—

Of all the arts, the art of sinking is the most certain of success.

As a further, but minor, aid to successful progress, be courteous to all kinds of people with whom duty or accident brings you in contact; but while you treat all men as brothers and all women as sisters, beware of talking too freely, and do not handshake and harmonize with the coarse, ignorant, and unappreciative indiscriminately, for undue familiarity shears the thoughtless physician of both influence and prestige.

Also never become so familiar as to lay formality aside and enter a patient's house or room without announcing yourself by a gentle ring of the bell, or a rap at the door.

Also avoid fraternizing with quacks and irregulars, as this would detract from both you and rational medicine, which you represent, and give countenance to delusions and pretenders. Shun this and every other contaminating alliance that would confound you with them injuriously before the public.

What shall be said regarding self-mutilation with harlots and association with concubines? Of drinking and of gambling? Of the dethroning fields of Venus and Bacchus! Dear and Honored Brother! if you have laid down the crown of manhood and entered either of these roads which, like the gates of hell, lie open day and night, you are truly:—

Dancing on a volcano.

Therefore, WAKE UP! follow the dictates of common-sense, and turn from it this day, this hour! for they all lead rapidly downward:—

It is a law of Heaven,

and either of the three will deform and warp all your finer sensibilities, tear from your heart every vestige of lofty manhood, prove fatal to every ambition, and speedily put a death-blight on all your prospects, and leave you:—

A bruised body with the soul torn out.

And if indulging any one of these habits singly will be like sowing dragon's teeth for yourself, what will be the combined effects of them all? Social and moral death, professional suicide,—short, quick, and sure:—

Easy is the descent to hell,

while your relatives and others who love so well and weep so true will sorrow in all the bitterness of disappointed hope

over your dishonorable downfall. There are various ways into practice and numerous ways out. This is a short way out:—

Too late to grieve when the chance is past.

You cannot separate yourself as a physician from what you are as a man, and an unspotted, honorable name is the only thing that can render your life happy and enable you successfully to withstand the critics, for neither you nor any other physician can long lead a double life or afford to despise public opinion:—

A pebble in the streamlet scant
Has turn'd the course of many a river.

Unfortunate acquaintances have been the downfall—yea, the wreck and ruin—of many a promising young physician; therefore select your associates with great care, and do not fraternize with horse-jockeys, dog-fanciers, base-ballers, politicians, chatty blockheads, or others whose time hangs heavily on their hands, while yours is supposed to be valuable, for you cannot retain your character as a physician if you allow yourself to be classed with such people. The public look upon physicians as public characters—earnest, studious men, with scientific tastes, literary attainments, and correct habits, who have been singled out and set apart for a lofty purpose, and as socially, mentally, and morally worthy of an esteem not accorded to such people, or even to average persons engaged in the ordinary vocations of life. The idle jokes, the arguments, the time-annihilating amusements, commonplace gabble, and tone of thought common to the ordinary-minded, do not harmonize with the studies, tastes, and desires of worthy physicians, and, if indulged in, they tend to weaken or destroy the faith of the public, which is so essential in our work, for on no profession does faith have such influence as on ours. You as a physician are public property; and the foxy public, and especially the female portion of it, with eyes like a microscope, will take

cognizance of your associations and of a thousand other facts regarding you, somewhat as one scans a candidate for political office. In fact, every circumstance in your appearance—dress, manners, actions, walk, speech, conversation, habits; where you are to be found when not professionally engaged, etc.—will be closely observed and criticised in order to arrive at a true verdict, especially in the early period of your career. Therefore:—

Break but one thread, and the web you will mar.

The question may never be asked whether you were graduated at the new or the old university, or whether from the "college of big wigs, or of little wigs, at home or abroad"; but it will be: "Is he a good, reliable physician?"

Put not a feather's weight upon the honorable ambition of any one or a straw in the pathway of his worthy aspirations; but be very cautious how you involve yourself, by inducing Tom, Dick, or Harry to study medicine, as there are already three physicians where one is required; besides:—

Out of a white egg often comes a black chicken;

and not only may their failure or misconduct work great injury to you, but, after you have done all, this one or that one may violate the highest principles of honor, of gratitude, of justice, and of truth, and enter into unfair rivalry or hostile competition with you. Besides, it would neither be profitable nor advisable for you, if a private practitioner, to take aspirants for Æsculapian honors as office-students, as they will necessarily be in the way and divert your mind from other duties; but, if you do take any, charge them a proper price for the privilege, and remember that you, as a preceptor, must stand as a guardian at one of the outer gates of the profession. Let individual fitness for the work be the test, and listen only to such applicants, rich or poor, as have a pure, high-souled,

and just appreciation of the profession, good sense, sobriety, well-balanced mental and physical vigor, correct habits, intellectual capacity, and a strictly honorable ambition to become a worthy member of our profession.

Remember that you can neither polish a fungus nor make a sponge shine; that good gas makes a good light and bad gas a poor one; that a good battery generates good electricity, and a bad one a poor kind; so, also, that a good brain, a good mental soil, creates better ideas and bears better fruit than a mediocre one. An earnest, ambitious, high-thinking, practical-minded tallow-candle student from some log-cabin, of quick intelligence, ordinary respectability, brains of good quality, and sufficiently educated to profit by medical study, with scarcely enough clothes to hide his nakedness, who is resolved to make the most of the powers that are in him, and the aimless son of a millionaire without the qualifications of head or heart may each apply.

If you take either, be not long in choosing. Ambition is greater than money, mental industry greater than material goods, and one's poverty, privations, and necessities often act as a powerful and successful stimulus, and it is no secret that good parts and poverty make a strong combination for success.

Brains and common-sense are a special gift from heaven; and a diploma from every medical college on the face of the earth—each bedizened with ribbons, red, white, and blue; each in a gold case set with diamonds—cannot give native intelligence to those who lack it:—

Taught or untaught, the dunce is still the same.

Bear this in mind, and dissuade and refuse every one who has been seduced from his true calling in humbler life to embrace medicine, from a belief that its study is merely a pastime, or simply a trade, or that it is less laborious than the business he is following; also the Jacks-at-all-trades, with no scientific

sense, whom the gods never intended to be physicians, who are tempted to aspire to an M.D. by the ease with which a "sheepskin" can be obtained, or fired by the false notion that to be a physician is a gay and pleasant life:—

A primrose path,

or a smooth and rosy road to money-making; or the dullard who has come from the country to the city chiefly for amusement, or who wishes to study simply to please a fond grandma or a doting papa.

Also turn your back on the callous rough-fisted fellow who boasts that he is stony, and wants to be a surgeon, because he loves to see the shedding of blood, and any and every other unworthy applicant.

The popular belief that now the untilled, brainless bumpkin, with meager and mean intellect, who has hardly mastered the multiplication table, and knows not the difference between an angle and a triangle, can stop the plough, or lay down the jack-plane, or drop the yard-stick, or desert the lapstone or razor, or other bread-and-butter vocations to-day, and in a few months receive an M.D.:—

Like the alias of a rogue,

while all who know him wonder why he was not barred out; and that a name on an ornamental sign or a fancy door-plate, with the handle "Doctor" to it, and a buggy at the door, is about all that is necessary, is now causing thousands of young men with untrained minds and no love for science to quit their proper vocations in life to "take up medicine," and to begin a struggle for a diploma, rather than for a medical education, either to fail from the start or to slink from sight after a few years of struggling existence and genteel starvation.

In getting your office signs or door-plates, remember that a physician has them not as advertisements, but simply

to show his office to persons looking for him, and that much less depends on the big signs that hang on the outside of the office than on the physician who works on the inside, and that the two are often in inverse ratio. Your signs should be modest, neither too large nor too numerous. One of black smalt with gold letters is the neatest and most attractive of all; one such sign on the front wall for the day-time, and a glass one with black letters in the window, to be seen at night, when your office is lighted, are sufficient. The letters on the former should be round and well shaped, and not more than two inches high, with corresponding width. A polished brass sign, engraved with the name, and the letters filled in with black, and mounted on a finished, hard-wood board, is also fashionable and very stylish.

Don't have a swinging sign and do not allow other people's signs of tooth-drawing, cupping and leeching, millinery, dress-making, house and sign painting, boarding, etc., in company with yours.

The lettering on your window-glass may be protected from being scratched or otherwise defaced by having a pane of plain glass placed behind the lettered one.

All signs should be neatly made and correctly lettered, for even one's sign makes an impression, either good or bad, on the public, and first impressions are very enduring.

In these regions it is better to put Dr. . . . on your sign or door-plate than to put . . . , M.D. "Doctor" looks better, and is understood by all to include both medicine and surgery; but to speak of yourself as a physician rather than a doctor, and to refer to your professional brethren in the same way, is more distinctive and falls better on the ear.

To put "Physician and Surgeon" or "Physician and Accoucheur," or other clumsy compound addition, on your sign would seem unnecessary in this region, because a surgeon is merely a physician who does surgical work, and all physicians

(except the specialists) are supposed to practice all the branches, since the general practice of medicine on the human body now allows no such This-or-that division of skill, and all our labors are blended by the law; besides, affliction does not always run its course as purely medical or purely surgical; the medical case of to-day may be the surgical or obstetrical case of to-morrow; almost as necessary to make the confectioner's sign say "Cold Ice-Cream."

Unless your given name is likely to be confounded with that of some other physician, it will be well to omit it, and even your initials, from your signs or door-plate; but it should be on your cards. Of course, if your name is "Smith," or "Jones," or "Brown," it would be necessary to put your given name on your signs; but if your family is uncommon, like Dewey, Schley, or Hobson it is not. People do not speak of Professor George Dewey, Doctor Winfield Scott Schley, or Doctor Richard P. Hobson, but of Professor Dewey, Dr. Schley, or Dr. Hobson.

Adopt regular office-hours early in your career, and post them conspicuously in your office; also have them on your cards. Have such other neatly framed signs: Office Business, Cash. Walk In. The Doctor Will Return in a Few Minutes, etc., as your situation and interests may require.

Also, have your office-hours on your cards; but it may be a question whether it is advantageous to have them on your office-window or on the house-front, to be seen by the outside public. Your situation in business should influence your decision on this point. A young physician, or one who has much spare time at home, in addition to his stated hours, will be more apt to catch the overflow, emergencies, cases of accident, calls from those who are strangers in the city, and other anxious seekers for "any one, so he is a physician," and who have perhaps searched and found all the busier physicians away from their offices, if an exhibition of his office-hours

does not drive them off by telling them before ringing his bell that they have come at the wrong time, when, in fact, he may be at home watching for calls. On the contrary, one busily engaged in outside practice, who has no other time for office-consultations than the specified hours, can, by displaying them outside, regulate his business, and prevent various annoyances, by letting every one see his hours before ringing.

If you should ever get very busy, and be pressed for time, your sign might still further emphasize it, after stating your hours, by adding: "No office-consultation at other hours, except by appointment."

An excellent rule is to direct attention to both the beginning and ending of your office consultation-hours, as: "Office-hours: morning, from 8 to 9 o'clock; afternoon, from 1 to 3 o'clock," etc. Many people inconsiderately think that as your office-hours are from 8 to 9, if they get there one minute before 9 o'clock they are just in time; whereas, if they come then, they will be sure to keep you past your hour for beginning your outside professional work. By regulating your time thus, and courteously urging everybody to observe your office-hours strictly, you can accomplish doubly as much, with less hurry and more satisfaction to all. Indeed, by persistently schooling patients to observe your hours, and to send for you, as far as practicable, before your accustomed time for starting on your rounds, and preferably in the morning, you will do much to systematize your business, and to lessen the number of calls at odd and inconvenient times, which do so much to increase the hardships of the physician's life. For persistent incorrigibles to come strolling into a busy physician's office for advice at odd or unseasonable hours, or at seasons allotted to privacy and rest, amounts almost to persecution. So, also, does having to visit the same neighborhood half a dozen times a day, in consequence of his patients not sending for him before he leaves home to commence his rounds.

Have an office-slate in a convenient place, whereon messages may be left during your absence, and have over it a little sign: "In leaving a message for the Doctor be careful to write the name, street, and number."

You should keep a supply of cards with your name, residence, and office-hours on them. An inch and three-fourths by three inches makes a very good size.

It is perfectly ethical to advertise by giving your cards to patients and inquiring friends, but it is deemed unprofessional to state where you graduated and how long you have practiced, either upon your cards and signs or in the newspapers.

It is also necessary to keep a supply of small and neat blank bills, and to have envelopes and letter-paper with your name and address on them. Let your bills read: "For professional services." Blanks for use in giving certificates to sick members of societies, etc., are also very useful. Printed professional stationery looks much better and more official, and is accepted with more satisfaction than written stationery.

A speaking-tube, from your outside office-door to your bedroom, prevents exposure to raw night-air at an open door or window, and is of great utility when your night-bell rings.

The telephone is also both a luxury and a necessity. Many physicians are deterred from having one by the fear that it will cause them to be summoned to both good and bad patients at a distance too great for them to attend, or that its convenience will cause annoying calls and messages to be sent at unseasonable hours. This belief is erroneous. The telephone really does the opposite, and enables one to resist the arguments and attempts at persuasion so often encountered in personal interviews, and if you are "not at home," any one else can answer it. It is, moreover, far easier to decline to take a case, make a visit, urge a plea, suggest a remedy, or give emergency instructions through the telephone

than by an interview with a fallible messenger. If you have a telephone, put the words "Telephone Connection" on your cards, bills, envelopes, letter-paper, etc.

On commencing practice, you should get a pocket visiting-list, and also a ledger, for your regular patrons, and a cash-book for entering small transient credit accounts, and commence to "keep books" at once, taking care to "post up" regularly, either weekly or monthly; this will teach you a non-confusing system; and in the course of time save you thousands of dollars.

Be careful to record the full name, occupation, and residence of every new patient; for although the identity of this person or that family and how his account stands may, at the time, be very clear in your mind, yet as patients increase and time elapses, your personal recollection of each will become:—

Like a tangled chain,

or fade entirely from memory, and consequently entail on you considerable money loss. Method in business is one of its chief instruments. Depend on your pen and your pencil instead of your memory, and never neglect to jot down memoranda of office-consultations, payments, new calls, etc., in your visiting-list, or on a slip of paper or desk-pad with a lead-pencil, until you get an opportunity to enter then in ink.

A good plan to use in preparing the list of calls you are to make each day, and the order in which you wish to make them, is this: Go over your visiting-list each morning, and cull out the names of all who are to be visited that day, and put them on a strip of paper. Then select and arrange them carefully in a row, in the exact order you wish to observe in visiting them, putting urgent cases and early calls as near the top as possible. Cut off this list and carry it in your outer coat- or vest- pocket, refer to it from time to time, and tear off each name after the visit is made.

You can readily fix each new yearly visiting-list so that

it will always open at the page in use. To do this, open the new book and clip off about a half-inch of the upper corner of all the front fly-leaves—thus ◥—down to the page for the week beginning January 1st. When thus prepared, if, in opening the book, you place your right thumb on the exposed corner of the uncut leaves, it must open at the proper page. Each Sunday morning clip the corner of the page for the ensuing week.

The first visit, also every paid-cash visit to a pay-cash-as-you-go patient, may be easily designated on your visiting-list by turning the first-visit mark *(1)* into an *F*, and every paid-cash visit into a *P*, signifying paid.

One's visiting-list can be most conveniently carried in a wide, but shallow, trousers-pocket on the left hip. Seven inches wide, and four and a half inches deep is a good size.

It is well to have a framed copy of the fee-table hung in your office, that you may point to it whenever occasion requires. It is also wise to have a small, neat sign, with "Office Consultations from $1 to $10, cash," posted in some semi-prominent place in your office. It will show your rule and tell your charge. It will also remind any who might forget to pay of the fact, and by confronting less honest people will put them in a dilemma. You can, when necessary, point any one to it, tell him your rule, and ask him for your fee; it will also give you a chance to let him know you keep no books for transient office-patients. Such a sign will save you many a misunderstanding and many a dollar. Of course, you can good-naturedly omit its cash enforcement toward patients with whom you have a regular account.

Having your charge from "$1 to $10" will enable you to get a special fee in cases of an extraordinary character, and still allow you to charge minimum fees for ordinary cases. Such a schedule will gratify those who get off by paying the lowest fees, and also tell everybody that you are skillful enough to attend ten-dollar cases.

Cultivate office-practice assiduously, for it is a fertile source of reputation, and also of cash fees; attending patients who are able to go out-doors at the office is also a great saving of time and fatigue to the physician. Strive to benefit and give satisfaction to every patient who comes to consult you, and let every one go away impressed with a belief that the nature of his malady is recognized and understood, and that you will do your best to remedy it, for every man, woman, and child will, while there, form some definite opinion in regard to you, and your professional skill, and will accordingly give you either a good or a bad name.

Keep a few medicines at your office representing the most reliable and frequently employed articles of the pharmacopeia, especially during the first years of practice; handling them will not only familiarize you with their appearance, odor, miscibility, taste, and other characteristics, but also assist you to get your fees from unreliable patients, and from persons who can appreciate advice and tangible remedies combined, but who cannot properly value advice alone. Besides, by keeping cathartic pills, quinia pills, morphia granules, etc., you can send something by the messenger and save yourself many a tramp at night, during storms, on Sundays, and holidays, in emergencies, at odd hours, etc., and give the patient both relief and satisfaction, till you can go.

You have a perfect right to supply this or that patient with medicine if you choose, but very extensive dispensing of your own medicines, or running a rudimentary drug-store, or a pill and globule traffic tends to consume time that might be much better employed and to dwarf one in other ways. Furnishing his own medicines to every patient does not pay, if a physician is established in good, reliable circles, because it is far better for him to base his charges to the majority of them squarely on the abstract value of his time and skill. Besides, one's high tariff and rough compounding would naturally engender the

criticism and enmity of neighboring druggists and others. Never under any circumstances sell medicines to any one but your own patients. If necessary, give them!

If you keep pills, powders, granules, they can easily be dispensed in small envelopes gotten cheaply and kept for the purpose.

Dispatch every professional duty promptly and punctually, so as to get it out of the way of whatever may happen to come after. When summoned to acceptable cases of confinement, colic, convulsions, accident, etc., if possible, lay all else aside and go immediately:—

Here am I.

Then, if you are too late to be of service, you will neither have cause for self-reproach nor be criticised for default of duty. When you cannot go at once without neglecting another pressing case that has a prior claim on your services, or other duties equally as urgent, it is much more satisfactory to your patient if you send a suitable remedy, with instructions for use until you can go, than to write a prescription; because, to send a prescription in such cases seems rather as if you do not sympathize, or as if the patient were on your don't-care-to-attend list, and, if the case takes an unfavorable turn, or does not eventuate favorably, you may be blamed and criticised:—

Of all sad words of tongue or pen,
The saddest are these: it might have been.

When you are the first to reach a patient whose friends have, in the excitement, sent for a number of physicians, with no special choice among them, it is well to have them promptly send a trusty messenger or a courteous note to the others to cancel the call and save them:—

A fool's chase,

by informing them their services will not be required.

If, at your office and elsewhere, you make a judicious and intelligent use of your scientific instruments of precision,—the stethoscope, the ophthalmoscope, the laryngoscope, the clinical thermometer, the tape, the microscope, the x-rays, specula, and the reagents necessary to a careful examination of tumors, sputa, calculi, urinary disorders, etc.,—they will not only assist you very materially in diagnosis, but will also aid you greatly in curing nervous and terrified people, by increasing their confidence in your armamentarium and ability, and enlisting their sympathetic confidence in your remedial treatment.

Carry with you, in your professional rounds, a clinical thermometer, female catheter, bistoury, hypodermic syringe, small forceps, lunar caustic, probe, needles, etc., for ready use. Always cleanse them in the patient's presence before and after using. Never omit to call for a glass of water and napkin with which to cleanse your thermometer, both before and after you make use of it.

Be especially careful to avoid syphilitic inoculation, septicemia, etc., and never use a cut or abraded finger in making vaginal, anal, or oral examinations; if your preferable hand is unsafe, use the other. Vaselin is a good lubricant, it has no affinity for moisture, and keeps for years without becoming rancid or decomposing. Keep a supply in your office for anointing fingers, instruments, etc. Wooden cigar-lighters and tooth-picks are also very handy for making mops, applying caustics, etc. Being inexpensive, each one can be thrown away after one service, instead of being kept for further use, as must be done with expensive articles.

A knife, probe, needle, or other pocket-case instrument can be readily cleaned and disinfected, both before and after using, by thrusting it several times through a wet, well-soaped towel or rag, or into a cake of wet soap.

You should have a special receptacle in your office for cast-off dressings from ulcers, cases of gonorrhea, syphilis,

and other filthy affections, which, when sufficiently accumulated, should be burned.

With the view to maintain your mental and physical health, you should endeavor to live temperately and comfortably, and to rest as much as possible on Sundays, and sufficiently at night; and, moreover, if you would avoid the risk of a humiliating breakdown, as happens to hundreds of our profession, make it a cardinal point of duty to get your meals and your sleep as regularly as possible; also, to avoid mental worry, and to keep your digestion in order; then you need have but little fear of overwork, or a breakdown from the duties and responsibilities that crowd themselves into your daily life. Remember: it is not mental activity, however great, but mental worry that tends to abbreviate the physician's life.

A decent respect for the opinion of the world should lead you to keep within the limits of good taste in everything and to practice all that constitutes politeness in dress and deportment. Be neither a fop nor a sloven, but keep yourself neat and tidy, and avoid everything approaching carelessness or neglect. And as you will be judged by your dress and address, do not altogether ignore the fashions of the day, for a due regard to the customs prevailing around you will show your good sense and discretion. Even though the prevailing style of dress or living borders on the absurd or extravagant, it may still be wise to conform to it to a certain extent:—

> **Though wrong the mode, comply; more sense is shown**
> **In wearing others' follies than our own.**

You never heard of a swindler, or a confidence-man, or a gambler, or a pseudo-gentleman of any kind, who dressed shabbily or in bad taste:—

> **These men's souls are in their clothes.**

Such people are all close students of human nature, and, no matter how tarnished in character or how blackened in heart,

they too often manage to hide their deformities as with a veil from all but the few who know their true characters, by assuming the dress and manners of gentlemen. Now, if genteel dress, polished manners, and cultured address can do so much for such unworthy specimens of mankind, how much greater influence must appearance, manners, and a guarded tongue exert for those who are truly gentlemen and members of an honorable profession!

Nevertheless, do not, under any plea, be a leader or patronizer of loud or frivolous fashion, as though your egotism and love of sporty clothes had overshadowed all else; avoid glaring neckties, flashy breastpins, loud watch-seals, brilliant rings, fancy canes, perfumes, attitudinizing, and all other peculiarities in dress or actions that indicate overweening self-conceit, or a desire to be considered a fop of fashion or a butterfly swell:—

Cupid, have mercy!

Fops, dudes, and dandies may be admired at the time for posturing, but they are not usually chosen by discerning persons seeking a guardian for their health.

Even though you be ever so poor, let your garb show genteel poverty, for as a physician your dress, manners, and bearing should all agree with your noble and dignified calling, for neglect of neatness of dress and want of polite manners might cause you to be criticised or shunned. You will sometimes see little Dr. Tact, a vastly inferior man, whose scientific capital is very limited, and cranium comparatively empty, and intellectually near-sighted, who always sat on the back benches at college, and was never accused of having an excess of brains, succeed in getting extensive and lucrative practice, and paying heavy bills for horseshoes, almost entirely by attention to the outer trappings and affability of manner; while Dr. Fullhead, Dr. Betterman, and Dr. Talent, professionally more able and personally more worthy, will have but little need of bell-knobs

at their doors, and never learn the cost of carriages and the price of horse-feed, or of bonds and stocks, by reason of defects in these apparently unimportant matters. Alas!—

Veneering often outshines the solid wood.

Clean hands, well-shaved face or neatly-trimmed beard, unsoiled shirt and collar, unimpeachable hat, polished boots, spotless cuffs, well-fitting gloves; fashionable, well-made clothing, of fine texture; cane, sun-umbrella, neat office-jacket, etc. —all relate to personal hygiene—severally indicate gentility and self-respect, and impart to their possessor a pleasurable consciousness of being well dressed and presentable:—

I am not a handsome man, but my make-up doth lend me an air of respectability.

The majority of people will employ a physician with genteel appearance and manners, of equal or even inferior talent, more readily than a slovenly, rough-bearded one; they will also accord to him more confidence, and expect from and willingly pay to him larger bills.

Make your profession the chief object of your life, and avoid extraneous pursuits and a multiplicity of callings, especially such as would interfere with your work as a physician, or give you a distaste for the profession, or cause you to resume its duties with a feeling of irksomeness. Divorce medicine from all other vocations, however important, respectable, or lucrative,—from the drug business, preaching, speculating in petroleum or salt; being partner in a saw-mill, owner of a dry-goods store, or dealing in cattle, or horses; nor be equally interested in the practice of medicine and in school-teaching, or in pushing the jack-plane, or following the plow; giving public readings or preaching on subjects not connected with medicine; scribbling poetry; fiddling or singing at concerts; or base-ball playing, rowing-matches, public amateur photographing, etc., because medicine is a lofty intellectual pursuit,

and the public cannot appreciate you or any one else in two dissimilar characters or incompatible callings: half-physician and half-druggist, or three-eighths physician and five-eighths politician, or one-third physician and two-thirds sportsman, or other similar mixture of incongruities, for it is in medicine as in religion:—

Ye cannot serve two masters.

Of course, if you choose to change off and quit medicine for any other occupation it is legitimate to do so; but it is better to keep your eye and your mind on one subject and be a whole one thing or another, for no man can attain a high degree of success in any calling unless his whole heart is in it.

Although it may seem paradoxical, even reputation as a surgeon or as a specialist of any kind militates against reputation in other departments of medicine. The public believe that a surgeon, with his sharp saws and thirsty knives, is happier in using them than in trying to save the limb or in doing anything else, and delights in spilling blood, and is good only for lopping off limbs, or performing other cutting operations, and that a specialist is good solely for his specialty, just as a preacher is for preaching.

Hesitate even to take such offices as vaccine physician, coroner, dispensary physician, sanitary inspector, etc., in a section where you expect to practice in future, more especially if you must have bar-room buffoons or political demagogues for official bed-fellows, or moral lepers or notorious idiots for employers or companions:—

Jack in office is a great man.

All such functions tend to dwarf one's ultimate progress, and sometimes create a low-grade reputation that it is hard to outlive. To many people, taking such offices looks somewhat like a confession of impecuniosity or of inferiority, and creates an adverse impression that cannot be overcome for years. No!

if you have any merit at all, and an open field, private practice industriously followed, with nothing else on hand to consume your time or harass your mind, will lead by better and pleasanter roads to greater success.

These last remarks are, also, to a certain extent, true of the position of resident physician or assistant physician to hospitals, infirmaries, lunatic asylums, almshouses, reformatory or penal institutions; or in the army, or on board emigrant or naval vessels, or traveling for manufacturing druggists, where employment in a snug or easy job, at a petty salary and the comforts of a home, for a few of his most precious years, have caused many a physician fully qualified for success as a practitioner to throw away the best days of his life, and let slip opportunities that could never be recalled:—

> **Too soon, too soon.**
> **The noon will be the afternoon;**
> **Too soon to-day will be yesterday.**

Bear in mind that such positions can never be depended on longer than those in power find it to their interest to change.

If you feel yourself to be skilled in the art of imparting knowledge, and ever become a teacher of medicine in a college, with a choice of branch, instead of taking Physiology, Materia Medica, Jurisprudence, Hygiene, or other non-personal subjects, take care to aim for a practical chair, in the direction of your natural inclination and greatest ability, one that relates directly to the sick, and that is likely to increase your skill and get you special work to do or otherwise advance your reputation and your private practice.

The life and duties of the unhampered physician are much more congenial to many highly qualified physicians:—

> **With much to do, and more to think of,**

than the additional labors, loss of time, and increased expenditure of nerve-force required of the teacher in a medical college.

Besides, some men are a greater success striving as individuals, while others are made more successful by the assistance of combinations. Measure yourself closely and ponder these things well before you aspire to the honors and the burdens of a professorship.

We are aware that the title of "Professor" aids in giving its possessor a certain degree of prestige with the public, and thousands of people believe that The Professor is necessarily far superior in knowledge and skill to his next-door neighbor "The Doctor"; yet we doubt whether a professorship ever pays three in twenty of those who essay it.

You may also ask the question: Shall I adopt a specialty? Would it pay me to do so?

The adoption of a specialty, to the exclusion of other varieties of practice, is successful with but a few of those who attempt it. It should never be undertaken without first studying the whole profession and attaining a few years' experience among the people as a general practitioner.

A successful specialist has many advantages over the hurly-burly life of the general practitioner: He is independent of general practice. He has short hours and is seldom or never called out at night. He can escape the expenses of horses, carriages, stables, and drivers. His Sundays are his own if he chooses. His fees are always good, sometimes fat. He can tell his terms and arrange about the payment of his fees at the beginning of each case, and usually gets them cash, and after a much easier life he generally dies a great deal better off pecuniarily than the general practitioner.

On the other hand, the specialist must be better equipped in instruments, etc., and more dextrous and masterful in their use and also more concise in the details of treatment; should possess a faultless manner and must foster his practice more carefully; in other words, if you put all your eggs in one special basket you must watch that basket much more closely.

To limit one's practice to any certain segment of the medical circle is, of course, quite different from limiting one's creed. You have an indisputable right to confine yourself to any specialty or department of medicine you please, but, as it is a self-imposed limitation of your sphere, you should take care in your signs and cards simply to add to your general title the words "Practice limited" to the eye, or to the throat, or to skin diseases, or to whatever else your specialty may be. Such an announcement is honest and professional, and claims nothing more in the way of skill than your M.D. presumes. Therefore signs and cards with the words "Practice limited to," etc., are perfectly professional; but those that read "Special attention given to," etc., are not.

As the result of our recent biological and chemical discoveries and the advent of asepsis, antisepsis, and other greatly improved methods, surgery has been given a wonderful progress, and many branches of medicine have also suddenly developed, making hospitals and specialists so popular just now that many actually imagine that the family physician or general practitioner, because temporarily obscured, is passing away and is about to follow the course of the dodo and the buffalo in history.

Believe no such folly, for, on the contrary, he stands at the chief gates; he, as a rule, is first consulted; and there is much that can never be taken from him, and although he is just now temporarily eclipsed, the days of his greatest usefulness are just beginning, for the medical and surgical procedures that now require special knowledge and skill must and will inevitably become common property and every-day knowledge, and part of his armamentarium, giving him more weapons and more power, and the hospital surgeon and the specialist less advantage over him, and thus we shall go on, one advancing and the other following, to-day, to-morrow, next year, and next century until the end of time. Private hospitals and sani-

tariums, and the outfits of many general practitioners, already show the entering wedge of this diffusion, and soon but few patients will have to travel five hundred or a thousand miles away to get standard or special treatment. Your duty is to keep your eyes open and equip yourself with whatever aids your best interests suggest, and strive to excel in their use.

Be not indifferent to the social, economic, and civic events occurring around you, but eschew the trade of party politics and electioneering tactics, because politics and office-hunting, even the best, honorably pursued, are very injurious to a young physician's prospects; and even later, when his medical reputation has become extensive, they lessen his professional popularity, although they do not necessarily ruin him, and if the best of good politics injures thus, how much worse is it to be dabbling in the dirty pools of party politics, stumping at ward-rallies and bar-room conferences, or plunging into demagogism, wire-pulling, slate-making, log-rolling, and pipe-laying at primary meetings, caucuses, conventions, etc., on an equality and a common level with "the b'hoys!" No! no! thrice no!—

A candidate for office is always an aspirant for trouble.

Enter not this field, for, besides escaping many anxious hours and bitter disappointments, you can, in the long run, make ten friends and ten dollars by being no man's man, and firmly sticking to your profession, while you are making one of either by trimming, and dodging, and straddling in the polluted and polluting field of party politics, lending your name to help the ambition of individuals, cliques, or parties, or intriguing and scrambling for office with the political vultures who are in it chiefly for the loaves and fishes. Remember, too, that, unlike all other vocations, merit counts but little in politics.

Array yourself on the side of morality, virtue, honesty, religion, etc., but neither attempt to make your religion nor your irreligion a cloak or a stepping-stone to practice, and

never join a church or a religious society for the sinister purpose of gaining popularity or church influence:—

An insult to God.

You will surely find that church and political clubs, and other special groups of sectarian patients, gained because you belong to their sect, or to their party in politics, or are affiliated with them in society matters, or go to the same church, or because you deal with them in business, or live on the same street, or because they like the way you walk, or dress, or part your hair, or wear your moustache, rather than through appreciation of your merits as a physician, are neither very profitable nor very constant. If instead you will make the profession the grand object of your life, and banish everything that comes between you and your legitimate work, trying to bring practice by your practice, and cultivating patients secured promiscuously from all parties, and from every direction, because they believe that you, as a physician, possess true skill; and have faith in your brain and your heart and your hand; it will merit the esteem of all, and in the long run make you more friends, and firmer friends, and pay you better than attending solely to any one political party or religious creed, or following any sectarian influence, faction, or clique; besides, then, if one door shuts another will open, which is not the case with parties and clans. In a word: attending to your own practice will pay you better than anything else in the world.

A riding physician has several advantages over the one who makes his rounds on foot. Not only is Dr. Rider able to see a greater number of patients in a given time, and with much less fatigue to himself, but he gets a rest while riding from one house to another, and can spend that period in thinking; can collect and concentrate his mind more fully on his serious and puzzling cases while riding than if walking; and when he reaches the patient he is in better mental and physical

condition to begin his duties than Dr. Walker, who arrives out of breath, tired in both limbs and brain, and in need of rest, and Dr. Rider can be half-done his duties while Dr. Walker is resting or waiting to regain his composure. Another advantage is, that Dr. Rider can salute acquaintances as his carriage meets them and ride on, whereas, Dr. Walker may be compelled to stop and lose valuable time in profitless conversation with the canvalescent patients, old friends, and other acquaintances he accidentally meets.

You should, therefore, get a good-looking horse and a genteel, well-painted carriage as soon as your practice will justify. Such a turnout is not only a source of health and enjoyment, but getting it shows everybody that you are about, and indicates that your practice is growing. Many persons consider being busy the chief test of merit, and prefer a much-employed riding physician to the worn pedestrian. This is one of the reasons why any one can RIDE into a full business much quicker than he can walk into one. Besides, the inexperienced public, with nothing else to judge by, infer that a physician who finds a carriage necessary must have an extensive and successful practice, else he would not require one and could not afford it.

If you unfortunately have a bony horse and hay-seed harness and seedy-looking, pre-Adamite, or ramshackle kind of carriage and tattered robe, do not let them habitually stand in front of your office for hours at a time, or use them covered with last week's mud, or last month's clay, as if to advertise your poverty, lack of taste, and paucity of practice. Also, remember that it costs as much to feed and shoe a common horse as a good one. The only difference is in the first cost.

If you have two horses, and only two, it is better to drive singly that one may be resting while the other is working. Driven thus, two good, well-kept horses can surely carry you to as many patients as you can attend.

If a pair is driven, they should be first class, for it is better to use one genteel-looking horse to a handsome phaeton, than a shabby pair to a rickety-looking vehicle.

Many physicians have a fair-sized monogram or their initial letter put on their bridle-blinds or carriage-panels. Such designations, when within bounds, are both genteel and ethical.

Either carry a person with you to attend your horse or tie it before entering your patient's house, that you may not be wondering what it is doing, or running to the window or out at the door at every noise, to see whether it has started off with the carriage, as if your mind were more on it than on the patient. When possible, it is better and safer for you always to have with you a regular driver.

While it is perfectly just and proper to seek reputation by all legitimate means, and to embrace every fair opportunity to make known your attainments, avoid all base intriguing and sensational scheming to obtain practice. Attempts to puff one's self, one's cases, one's operations, or one's skill into celebrity, by ostentatious double teams, liveried driver, odd-shaped or odd-colored vehicles, conspicuous running-gear, loud monograms, flashy plumes, or oversized initials on harness or carriage-panels, or driving blazed-faced, peculiar-looking horses or ponies; or pretending to be overrun with business:—

Assume a hurry, if you have it not;

by driving unnecessarily fast, appearing, and disappearing with a swish-sh-sh!!! leaving all other vehicles in the rear, as though the devil were in chase, blowing a cloud of tobacco smoke and attempting to read as the carriage whirls and jolts along; or having one's self unnecessarily called out of church, at the stillest and most solemn part of the service:—

The religious dodge,

and, worse still, affecting old-style or extra wide-brim hats,

long hair, and heavy canes; or showing everybody affected kindness or meddlesome attention; and other vulgar, mean, and dishonorable attempts to create a sensation, or to pass for more than one is worth, to get business,—all generally fail in their object, and are looked upon by many as either a sensational and unethical display of artifices and tricks, or the efforts of a small mind to hide other deficiencies, and to get talked of, and generally bring him who affects them into ridicule and disrespect:—

Full many a shaft with purpose sent
Finds marks the archer little meant.

Be cautious not to belittle yourself thus, but strictly avoid ostentation and every peculiarity of manner, dress, office-arrangement, etc., calculated to make you offensively conspicuous, excite ridicule, create disrespect, or breed contempt. On the other hand, if you are bashful, shame-faced, and lacking in aggressiveness or deficient in proper tact, you will never prosper until these disadvantages are overcome.

In medicine, reputation that comes easily goes easily. Cases of accident or "tricks" may bring one into notice, like a leap-frog jump, but they alone cannot sustain him, and he is sure to be finally estimated at his true value:—

As the timber is great or small,
So, strong or weak, the house will stand or fall.

The best reputation is that acquired by a display of real talent or worth. If one is tossed into reputation which is not merited, he will be out of place and ill at ease with his fame, and will surely sink again to his true level. Even if you acquire merited reputation for distinguished abilities, and desire to sustain it, you must still work hard, for:—

A great reputation is a great charge,

and you must from time to time do additional work and show new proofs of possessing talents and intellectual strength:—

Over rough roads, indeed, lies the way to medical glory.

Two and two are four; this is always true, whether we are counting pebbles, people, or planets; but it is no more true than that every physician ultimately rises or falls to his proper position among his fellows:—

> **Pygmies are pygmies still though perched on Alps,**
> **And pyramids are pyramids in vales.**

Determine, therefore, that you will become something more than a mere v-i-s-i-t-e-r of the sick.

It is customary and proper to give notice of removal, recovery from prolonged sickness, returns from long journeys, etc., in the newspapers, but it is neither legitimate nor creditable to announce your entrance into practice, or to advertise yourself in newspapers, or to placard barber-shops, hotels, etc. Puffing yourself, your cases, your apparatus, your skill, or your fame through the medium of printers' ink, or winking at being puffed and applauded in the newspapers are quackish and unprofessional, and on a par with driving speckled horses, and other peculiar methods of getting practice. Notoriety is a cheap commodity. A proper pursuit of medicine will imbue you with loftier sentiments and engender nobler efforts than these to gain public attention and to get talked of, and will spur you to build your fame on much stronger foundations:—

Grant me an honest fame or grant me none.

Cultivate the true art and spirit of professional manner and deportment. Much of your usefulness and comfort will depend on it. But do nothing to gain popular favor that does not accord with both the letter and the spirit of medical ethics. Independent of the degradation you would feel, it would not pay to trust, for business, to tricks of any kind, for the veil that covers such methods is generally too thin to hide the motive or to turn ridicule aside.

It is very natural to expect your near medical neighbors to pay you a visit of courtesy after you commence practice, or change to a new location, for the purpose of establishing mutual amity and brotherly feelings, whether previously acquainted or not; but if they fail to do so, it should not be construed as discourtesy or ill-will, for it may be due to their feeling of doubt concerning your being a regular physician; or they may deem it your duty to call on them first, to announce your intention to practice in their locality, and to tell of your honorable business hopes and ethical intentions, and of your desire to be recognized as one of the number of regulars, and to ask for kindly, courteous treatment in return; or they may wish time to scrutinize your principles, or your character, or your conduct, qualifications, temper, etc. The very best of men are sometimes the slowest to make friendly overtures.

Whether acquainted or not, your first efforts in practice will bring you into contact and contrast, possibly also into collision, with the other practitioners of your vicinity, and then you can each learn what the other is.

There is a very great difference between the case of an additional physician starting in a community or a neighborhood, and an additional person being added in almost any other business, and it is almost natural for established physicians to regret the advent of other medical aspirants; the market for commercial things may be increased, but the demand for medical and surgical services is limited; so that Dr. Newcomer must create a practice by securing this patient, then that, then another, from other physicians. Besides, his coming makes more workers, and, if he is skillful, actually makes less sickness, because the spur of constant and sharp rivalry stimulates each and every one to strive to get all curable cases well, not only surely, but quickly. Sickness, both in amount and duration, is decreased, because skilled laborers have increased. There is, of course, no greater number of cracked skulls,

mangled limbs, childbirths, fevers, or cases of any kind, than before Dr. Newcomer came. He must, therefore, draw his share of the loaves and fishes from the others.

The Wilsons, the Abrahams, the Smiths, and every other patient or family he adds to his list must leave or be diverted from that of some other physician who may have attended them long enough almost to deem them his private property; and, of course, Dr. Cutoff does not enjoy the loss of his old patients to new physicians, for there is a little of the old Adam and love of monopoly still left in a man, even though he does practice medicine. The prosperous "old settlers" and "leading men" are, therefore, very apt to feel a severe tinge of jealousy, especially when this one or that one sees him using the stomach-tube daily on Mrs. Smith for an excess of hydrochloric acid and the other sees him treating Mrs. Wilson's baby for talipes and all see him becoming more and more popular, and are very apt now to become suspicious, sensitive, cold, and hypercritical toward the newcomer, whom they once laughed at, but who is now adroitly crowding himself in, much as we see another passenger push into an already crowded street-car, and the older ones then begin to look upon him as a greedy rival or antagonist; and, as natural instinct leads every man to prefer himself to his neighbor, unpleasant animosities and feuds are apt to arise between him and said rivals, whether previously well disposed or otherwise. Beware of these dangers, and try either to escape them or to nip them in the bud by conduct absolutely fair, square, and ethical.

Read how eager young Absalom was to push old David from his throne; also study the maneuvers of that ungrateful bird, the cuckoo; how the growing cuckoo hurls the other birds from their maternal nest after its cunning mother has been unwisely allowed to deposit an egg, and their own parent has watched and nourished it until it is strong enough to show its ingratitude by hurling the rightful owners out, and you will

realize why Dr. Fulnet, Dr. Barnacle, Dr. Bigbiz, Dr. Selfy, Dr. Allmine:—

With tumefaction of the brain,

and other prosperous physicians dislike to see new Richmonds gain a foothold in their section, and in some way or other effect an entrance into their families. Competitive practice does not necessitate jealousy or enmity; but self-preservation is the first law of Nature, implanted by the great Creator of all; and, when this is in question, every human bosom is apt to feel the same impulse:—

We'd sketch the world exactly as it goes.

Honest, courteous rivalry between physicians is advantageous to the community, because it creates a spirit of emulation and compels each to try to be skillful and successful in practice; therefore, if your brethren look each to his own good, and do all he can for himself in a fair, equitable, well-directed manner, you have no right to complain.

Every physician on the face of the globe tries to be wise and to get good results for himself; and every physician desires his own professional advancement; and studies his own interests; and you, too, should lay aside every hindering weight, and not hesitate to embrace fully every accidental or natural advantage of birth or wealth, or the favoritism of influential patrons, or the assistance of powerful friends, and use every other helpful wing, if honest and ethical; and, while neither boastful nor too intrusive, if you are conscious of any superior aptitude or intellectual power, or are ahead of your brethren in any essential quality, or eclipse them in talent, methods, or experience, let mere matters of display remain secondary, and depend chiefly on your merits for success. This is more durable, and more in harmony with the views of sensible people, and will unfailingly help you in climbing toward

the top, and, when you get there, will be the surest means to keep you there, because:—

> **If true to yourself your object you'll gain;**
> **Whoever opposes, will oppose in vain.**

But remember: intellect, genius, temperance, correct personal habits, and other excellent qualities will all fail to make you successful, unless you add ambition, self-reliance, and aggressiveness to them; and that with the wise:—

> **Prudence is the handmaid of energy;**

therefore, in your efforts to advance, take care not to incur the reputation of being a sharper or of being tricky. To deserve success is the surest way to attain it, and if the balance were struck it would probably be found a great deal harder for a physician to worm and weave his way through life by elusive and ignoble methods than to struggle along the road of honesty and industry. Determine, therefore (under God), that in your efforts you will act like a man, from your diploma to your death-bed; that you will begin well, continue well, and end well; and will do nothing that is criminal, nothing that will not stand the strongest sunlight and the severest scrutiny; nothing for which you would hesitate to sue for your fee; and, if necessary, to stand up before a judge and jury to claim it; nothing, in fact, that you cannot approve of with your hand on your heart and your face turned upward; and may the blessings of God be with you in all your struggles!



CHAPTER TWO

He who does the best his circumstance allows
Does well, acts nobly, angels could do no more

THERE has been of late years a large, annual addition to our already overcrowded profession, and, instead of giving a leisurely education and high cultivation, the superabundant, doctor-making colleges of the United States, with their push-'em-through inducements—small fees, condensed lectures, quizzes, "loading up" from compends, epitomes, *vade mecums*, and *multum in parvo* guide-books, and grinding-clubs, with the few short courses of lectures required—are now manufacturing annually more than five thousand graduates, besides the swarms of medical immigrants representing all nations who reach our shores from abroad, already dubbed M.D., and ready to enter the contest at once. The result is that every city, town, hamlet, and village, every cross-roads, yea, every nook and every corner everywhere in our land can now boast a physician or two; and if it requires a population of 1800 people to support each physician, and if every physician must have a paying clientage of 1000 or 1200 persons to enable him to live and thrive, there are now in every American community more than twice as many physicians as are required by the professional work, and in some sections they are actually fighting for charity cases; and, if the number continues to increase, Heaven only knows what will become of the hindmost.

If there were only a few more than needed to fill vacancies caused by death and increase of population it might be whole-

some, and allow the public a choice; but with such an overproduction as this there is not professional work enough to support all; many aspirants must necessarily languish, and those who do flourish must do so either by great skill, great tact, or great industry. Another result of issuing diplomas so freely is that the Sheepskin is now very low down in public estimation, and is not received as evidence of its owner's competency either by army or naval examining boards, or even by the various State licensing examiners.

Unfortunately the gates to the Æsculapian fields are open —too open—to every variety of individual, and all kinds—regular and irregular, mongrel and hybrid—are rushing in thick and fast, each struggling to intrench and advance himself in one way or another. Thus the field and fold of medicine has come to resemble a vast human menagerie in which every kind of head and heart finds a place; and you will not only meet Professor Loveall, Dr. Warmgrasp, and Dr. Brotherly, but Professor Crank, Dr. Sneerer, Dr. Crusty, Dr. Squabbler, Dr. Frigid, and a whole herd of irregulars and quacks are also about:—

Like wolves set free,

and either or all may be encountered in unfriendly collision, and you will be truly lucky if you encounter none who are maliciously antagonistic, for in every large community there now exists competition of every kind, from the high and honorable physician down, down, down to the medical outcast and the low and intriguing pretender:—

With a soul full of meanness.

Keep this fact in mind, and avoid all manifestations, and, if possible, all feelings of petty jealousy, and let your conduct be clean and honest, fair and square to everybody on all occasions, and strive, in your daily life, to create a reputation for professional probity that will excite the respect of all, both

friend and foe, and convince each and all that you are incapable of doing any dishonorable act.

Avoid quarrels, bickerings, and disputes with your medical brethren, and be ever ready to yield a point, where it involves no principle, rather than engage in controversy and contention; and if ever a question arises between you and a brother-physician that you cannot settle yourselves, or by the code of ethics, submit it to the decision of mutual friends; but never begin to retaliate or make reprisals, and avoid all innuendoes and sarcastic remarks to the laity about opponents who have offended you. Exhibit a total absence of professional tricks, and resolve, once for all, that you will practice the golden rule and act as a gentleman, even under provocation, whether others do so or not, and trust the balance to time. The practice of medicine is an honorable calling; resolve that it shall be no less so by your having adopted it.

Remember, too, that honor and duty require you to do right not only because it is good policy, but because it is right:—

An eagle's life is worth a world of crows.

Do not, however, be so trusting as to look for wings on a wolf, or to expect exact justice from rivals, irregular and personal enemies in return, for, were you as chaste as Diana and as pure as the falling snow, you could not escape misrepresentation by evil eyes, wicked hearts, and lying tongues.

Like every other physician, you will have friends to favor and extol you, and both secret and open enemies to oppose and decry you; and, although you can neither stop the latters' tongues nor prevent their unfavorable criticism, yet you must take care that nothing be permitted to blast your reputation for upright, honorable conduct. Charges against your skill, unless very gross and damaging, had better be left unnoticed, or passed over with indifference. Even though it reaches your ears that Mr. Smugface, Mr. Windbag, or Mrs. Glibtongue say

they would not call you to attend an ailing cat or a sick dog, such sarcasm need not disturb your equanimity nor be taken as personal; remember that such remarks are simply expressions of lack of faith in you professionally. Such things are said about every physician in the world; and, although they grate harshly when they reach the ear of him to whom they apply, they are quite different from malicious, scandalous, or indecent personal libels that bring one's honesty or morals into question, —charges of being a swindler, or a drunkard, or an adulterer, or a seducer, or a murderer, or an abortionist, for example, which injure one's reputation and break up his practice; these, therefore, must be met and checkmated by the most available means, and to judge what is best to be done under existing circumstances is at times a most annoying and puzzling question. If such reports become too perplexing to you, go and consult your wisest friends.

Never boast of the number of cases you have; of your remedies, operations, and wonderful cures; or of the surprisingly large amounts of your collections. All such:—

Johnny-blow-your-horn

things do no good and are apt to create envy, jealousy, disbelief, hostile criticism, and other hurtful results. Also avoid the habit of talking about yourself, or telling from house to house how veryveryvery busy you are, and of your numerous bad cases, and claiming to save the lives of all who do not die:—

On their own merits modest men are dumb.

Indeed, it is better to say but little in regard to your private affairs, either in the way of exaggeration or depreciation, and to relate nothing to laymen about any case but the one before you; horn-blowing will not enhance your merits with sensible people, and if you really have extra cases and extra skill, or are a great therapeutist or an eminent surgeon, people will be

sure to find it out in other ways. Also keep your business affairs and your money matters to yourself, and avoid the habit of talking to people about your collections, bills, etc.—unless it be to a person about his own bill—or you will surely get the reputation of thinking and talking more about *the dirty dollar* than anything else. If any one asks you: How is business? better to simply answer, "Oh, I am satisfied!"

As a physician, you will require a good address and varied talents, for you must come in contact with all kinds of people. An intelligent readiness in adapting yourself to all classes and conditions of life, sufficiently for the requirements of your profession, is an invaluable faculty, and one in which most regular physicians are very deficient.

When a patient, alarmed about his health, consults you, if you wish your opinion fully to satisfy him, *be earnest*, and let personal intentness to his case overshadow all that you say and do; and take especial care not to divert his conversation from himself to extraneous subjects. If it be at your office, do not digress by showing him your new works of art, or the toy steam-boat you are making, or by telling him the latest bits of news or gossip, or the history of the good cigar or fine pipe you are smoking, or of the newspaper or novel you are reading, or of the cane you are twirling. If *he* divert the conversation from his case, bring him back to it at the first opportunity, and know nothing but your professional duty.

In addition to professional knowledge, you should make yourself fairly conversant with general scientific subjects that tend to exercise the reason rather than the memory, and also with general and polite literature, that you may acquire ideas, nice discrimination of words, and improved power and facility of expression, and so put yourself on a conversational level with the cultured classes with whom you are likely to be brought in contact. In fact, among intellectual and educated people, good conversational powers and correctness and precision in

the use of words often actually produce a higher opinion of a physician's professional ability than is really possessed. Besides:—

Wisdom is the sunlight of the soul,

and there is a perpetual delight in the possession of knowledge. Therefore keep your dictionaries and encyclopædias at your elbow; patronize them freely, and, when your reading or musing excites your curiosity on any subject, or in any direction, turn to them and be informed. They are both convenient and useful in looking up facts and meanings when you have but a few moments to devote to an inquiry, and will save you from many mistakes and uncertainties. Besides:—

We live in thoughts, not breaths.
He most lives who thinks most.

One who can neither conjugate *amo* nor decline *penna*, nor even use his English grammar correctly, may reduce a dislocation, adjust a fracture, tie an artery, or prescribe a drug as skillfully as the Latinist can; yet a good (classical) education, with the scientific habit of thought, and the mental discipline, the fertility of ideas, the images, and the more distinct logical conceptions it creates or makes possible, although not indispensably necessary to the acquirement of skill, experience, and success as a physician, are powerful elements in the early professional struggle. Therefore, if luck has deprived you of a chance for education and you have consequently begun late in life, and are still defective in scholastic training, be not cast down, but think of the excellent motto of the Johns-Hopkins University:—

The truth shall make you free.
(Veritas Vos Liberabit.)

But, to rid yourself of the charge of illiteracy, roll up your sleeves and go to work to make up the deficiency by dint of school-book study and self-education, as fully as possible:—

Better late than never;

otherwise it will make you every year more and more ashamed of your want of knowledge, and either keep you hid among the nonentities of the profession and compel you to fight daily against the inadequacy of your imperfect education, or perpetually debar you from obtaining more than a limited elevation in it. Besides: Whenever you put pen or pencil to paper you cannot avoid offering yourself and your mental acquirements to every body for measurement.

Indeed, without adequate educational and other qualifications you can no more enjoy social or professional rank, or reach the eminence of scientific greatness, than a pigeon can fly upward with but one wing. The true secret is to be qualified for advancement; besides, without familiarity with the rules of English grammar and a fair education you will be painfully conscious of a great want, and will be continually exposed to ridicule for your ignorance, misapplication of words, vulgarisms, or gross grammatical errors by persons who are, perhaps, very much your inferiors in those great gifts of heaven,—genius and sound sense,—and sometimes even be made to appear almost contemptible to yourself:—

Grammar violated and orthography murdered.

But while a physician cannot know too much, we strongly doubt the wisdom of frittering away, after practice is begun, a disproportionate amount of time on impractical frivolities or on speculative subjects and theories that cannot be applied, or giving them more time than recreative attention allows. Nor is it wise to devote special attention to the higher mathematics, the fine arts, the great classics, zoology, comparative anatomy, mineralogy, botany, Egyptology, geology, ornithology, conchology, or other collateral studies, while yet imperfect in the practical and essential principles of medicine, because simultaneous attention to multifarious subjects or scattering one's

energies through too broad a field prevents concentration of thought, and naturally divides and distracts the mind, and preventing one from pursuing the strictly needful studies with his full strength. In other words: Do not attempt to grasp more than you can hold, but pursue whatever you do undertake with zealous determination and continuity of effort:—

To industry all things are possible.

The plan of forcing themselves tenaciously to pursue aims of a practical character constitutes the peculiarity of most men who rise above the ordinary level, or succeed in an eminent degree, to:—

Where fame's proud temple shines afar.

This is true not only in medicine, but also in any calling. We once knew a person who by accident lost his leg at the middle of the thigh; previous to this he was but an ordinary swimmer, but afterward his having only one leg attracted special attention to his swimming. Seeing himself thus observed stimulated him always to do his best, which made him more and more expert, until eventually he became the best swimmer we ever saw, because the most ambitious, as if:—

Life ain't so much in holdin' a good hand, but in playin' a poor hand well.

A knowledge of Latin to even a limited extent is of inestimable value. If you are not a scholar, and have not had the advantage of embracing it in your early education, do not fail to employ some Latin scholar to teach you at least as much of the elements of Latin as you need in your practice; you can get one at a small cost by advertising anonymously in any daily paper. He can, with the aid of a Latin grammar and a Latin dictionary, teach you in a few winter evenings or summer afternoons sufficient of the rudiments and outlines of the Latin language to enable you to understand the etymological import

and pronunciation of words, phrases, and technical terms; also to know the case-endings and to write your prescriptions correctly, and thereby lift you above a feeling of abashment at your deficiency in this important particular, give you a constant sense of security, and afford you perpetual satisfaction. No difference how you get your wisdom, so you get it. Ability to write prescriptions in correct Latin will also naturally assist in creating respect for your academic and professional ability, or, rather, in preventing unfriendly criticism and disrespect in the minds of your fellow-physicians, the druggists, and others. Besides, all laymen presume that every physician understands Latin as part of his ordinary knowledge, and if they find him ignorant of this they naturally consider him to be equally so in other important requirements.

Many people imagine that we write prescriptions in Latin in order to conceal a secret. The true intent, however, is to give every article (and every quantity) a concise and specific title, and to point it out in such a manner that when we call for it in a prescription we may get it, and nothing else, thus making mistakes of meaning between the prescriber and the compounder impossible; besides, Latin is international, and the Latin names of drugs are the same all over the world and can be read by the scholars of all nations, while the common names, sugar of lead, laudanum, black wash, etc., are liable to differ with each nation and locality. Thus *aqua* is water in Baltimore, and is the same in Paris, in Calcutta, and in St. Petersburg. Latin is a dead language, belonging to no modern nation, and therefore fixed, and not subject to mutations; is not only perfectly accurate, but by long usage is in high repute. What good would a prescription written in English be in St. Petersburg, Warsaw, or Milan?

A rudimentary knowledge of Greek is also useful, as from it have been formed three-fourths of the compound terms employed in the medical and other sciences. Indeed, Latin

and Greek have furnished the materials for building up the language of the various sciences for more than two thousand years. The meaning of the terms semi-lunar and dys-uria are as plain and descriptive to those who understand Latin and Greek as the words milk-pail and steam-boat are to those who understand English.

Make yourself master of the current technical terms, and their true pronunciation. In pronouncing the Latin names of medicines, diseases, bones, nerves, veins, muscles, etc., be consistent. Adopt either medical English and invariably pronounce the *i* in the terminal denoting inflammation as *i* in ice: bronch-i-tis, appendic-i-tis, etc.; else use the Roman pronunciation and sound the *i* in all these words like *e* in eel. The former is now more frequently used. You can acquire a correct pronunciation of the various medical terms by frequently consulting any good medical dictionary.

German is another of the useful languages, and an acquaintance with it is not only pleasurable and a means of intellectual improvement, but it will assist you greatly with the industrious, faithful, and thrifty Germans, among whom you will find many of your most honest and grateful patients. Determine to get at least a smattering of it from teacher, neighbor, book, or otherwise early in your career.

Remember that no one can learn to speak the German or any other language unless conversation enters largely into his teaching; one who cannot read may learn it through his ears only, but no one can learn it through his eyes only.

Foreigners are not as clannish as you might suppose, and many of them prefer an American physician who can speak their language to one who has come here from their own country, and have more confidence in him, because they know that, being a native, he has spent his whole lifetime here, and they reason that, although the great principles of medicine may be taught and learned anywhere, he is by experience more fa-

miliar with the diseases that exist in this, his native climate, and with the peculiarities of the vicinity, and the modifying influences of our latitude, seasons, diet, and modes of living.

If you speak French, Italian, Spanish, Bohemian, German, or any other foreign language, it is well to state it on your cards and signs, and such a statement should be in the language of the people for whom it is intended.

A German, Frenchman, Spaniard, Italian, or Bohemian is often delighted to find a physician in an English-speaking community with whom he can converse in his own tongue. Foreigners often pay the physician more promptly than natives, and usually treat him with much greater respect.

Accustom yourself to use correct orthography, and to write, not with a scrawling hand, in a zigzag or the worm-fence style, but in a good, distinct, school-day hand. Also cultivate the habit of accuracy in writing. Write every prescription as though critics were to judge your mind and your penmanship by it; each ingredient on a separate line; the principal article, or the strongest drug on the first, adjuvant on the next, and vehicle on the last, unless you have some special reason for transposing them. Such methodical system insures well-balanced prescriptions, and engenders the respect and favorable criticism of all into whose hands they chance to fall. Also take care to conform your prescriptions to the changes that are, from time to time, made in the names of the officinal articles of the United States Pharmacopeia.

Strictly avoid prescribing incompatibles, both chemical and physiological, such as the combination of chlorate of potassium with tannic acid or with sulphur; nitrate of silver with creosote, etc., which are explosives, and may blow up either the dispenser or the patient. Charcoal is a simple thing, sulphur is another, and saltpeter is still another, but put them together and you have gunpowder, which is not simple, and, unless that potent agent is intended, look out! Although the

list of incompatibles is a long one, you will do well to study it thoroughly, otherwise you will subject yourself to the unpleasant, but necessary, interview and the unfavorable judgment of the pharmacist, and possibly to whispering doubts and disparaging innuendoes of others outside. Remember, however, that some medicines, though physiologically incompatible, are not therapeutically so, and under certain circumstances you may actually combine them so that they may favorably modify each other, as morphine and belladonna, acetate of lead and sulphate of zinc, etc.

Instead of writing thirteen-article prescriptions, it is far better to use a single remedy, or, if two are indicated, to alternate then, unless you know that they are compatible and will not make an unsightly mixture.

Again, your prescription is always the expression of your opinion and also of your skill in a case, because:—

The mind is the man.

Therefore try to make every one you write show on its face that you have prescribed it with a definite purpose, to meet some clear therapeutic indication.

Be careful that abbreviations of names, manner of writing quantities, etc., leave no room for mistake in dispensing, and make it a rule to read carefully every prescription after you finish writing it.

It is scarcely necessary to add that, while the distinctive names of the several ingredients in a prescription should be written in Latin, the directions for use, *i.e.*, all that follows the S. (signa), should be in English, as they are intended for the guidance of the patient.

Remember that the cloven-foot ℞, that is placed at the head of every prescription (*præ*, beforehand; *scriba*, to write), was originally the astrological sign for Jupiter (♃), placed by the ancients at the head of each and every prescription, to

invoke the aid of the God of Thunder, but now used merely as a symbol to represent the Latin word Recipe (take thou).

While it is proper, strictly speaking, to commence every word, after the first, in the names of the articles in your prescription with a small letter,—*i.e.*, Liquor potassii arsenitis,—yet many physicians, in whom it has nothing to do with lack of education, purposely begin each with a capital, Liquor Potassii Arsenitis, chiefly because it looks well, and also renders the words less mistakable.

Sign either your name or initials to every prescription you write, that the pharmacist may recognize you as its writer. To such as are likely to be compounded by pharmacists who know you the initials will be sufficient, but, to all that are likely to go to others who know you not, put your full name.

In prescribing, it is injudicious to follow a routine practice, by prescribing your own or anybody else's stereotyped formulas for certain diseases. You should invariably adapt your remedies to the case, instead of merely picking out a ready-made formula from your collection as you would a hat in a hat-store. One formula, for instance, for the several forms of diarrhea is about as apt to suit every case of relaxed bowels as one coat is to fit every soldier in a regiment.

Remember that medicine is a vast mass of facts, and that he who best interprets and applies these facts is the best physician, and that skill in practice consists not only in diagnosis, prognosis, and prescribing medicine, and in knowing what can and what cannot be done, but is the combined result of all the powers that the physician legitimately brings into the management of cases. In other words, the skillful use of drugs is but *one* of many elements that make the unit of medical skill. You must study:—

The great book of the world,

mankind as well as medicine, and remember, when working on diseased bodies, that they are inhabited by minds that have

variable emotions, strong passions, and vivid imaginations which sway them powerfully, both in health and disease. To be successful you should fathom each patient's mind, discover its peculiarities, and conduct your efforts in harmony with its conditions. Let hope, expectation, contentment, fear, resolution, that mysterious and powerful force called faith, and other psychological agents be your constant aids, for they may each at times exercise legitimate power, and may each impart the greatest amount of benefit to the sick. It is not length of time in practice, but observation and reflection, that will teach you to measure the various human passions and emotions; and if you are not a keen observer of men and things, if you cannot read the book of human nature correctly, and unite knowledge of physic with an understanding of the effects of love, fear, grief, anger, malice, envy, lust, hope, and other hidden, but strong, passions that govern our race, you will be sadly deficient even after forty years' experience:—

Hair gray, and no brains yet.

Professional reputation is a physician's chief capital; ambition to increase this by all legitimate means is not only fair, but commendable. After you attain this by individual worth and the gradual accumulation of successes and advantages, you will not be apt to lose either it or the practice it insures, so long as you are sober, decent, and discreet in conduct, and have the physical health to endure the work and the exposure incident to our calling.

There are two kinds of legitimate reputation a physician may acquire: a popular or common one with the people and a higher professional one with his brethren. These are often based on entirely different grounds, and are usually no measure of each other. A few of the most excellent, with loftier ambition, struggle earnestly for the latter, while the majority are striving for the former, chiefly because, being altogether

practical, it requires less skill, talent, and study to acquire, and, also, because it is more rapidly profitable, and you will see many an M.D. without special talents succeed with the people because he makes the most of his every-day qualities. Many of these avoid all great scientific labors and controversies, and, having little or no public life, remain shut up within themselves; their ways:—

Not marked by noise;
Not known by bustle;

and neither talk nor act in public, but move about quietly and almost unobserved except by those whom they attend; consequently, a knowledge of their habits and doings is confined to the domestic bedside and the narrow circle of their private practice, and the degree of their skill and experience always remains somewhat problematical. Indeed, a physician of very meager abilities may pass along in the profession for a life-time without attracting special attention to his deficiencies, if he be able to write a good hand and a grammatically correct prescription:—

***Unseen* to flourish and *unknown* be great!**

But, without one or the other variety of reputation no physician can reap the honors or rewards which are the object of his ambition, whether that be the acquisition of money, the desire of usefulness, or the love of fame. You should strive to acquire both varieties, and remember that while we cannot all obtain eminence in the profession we can all at least attain respectability.

A physician is apt to study and labor hard for his patients or not, according to his bodily health; therefore the public, remembering the old adage:—

Do not trust to a sick physician,

naturally prefer a full-of-health, ever-ready one with a sound

constitution; and physicians who are ailing often conceal as much and as long as possible the fact that they are sickly or that their health is failing, well knowing that the competition in our profession is now so great that for every medico whose powers fail three others with strong brains, full and perfect health, and vigorous wills are ready to take his place, and that, if reports of their ailments become current talk, the public will know and believe that they are not in mental or physical condition to meet the exigencies of medical life, and that solicitude for their own condition will absorb interest from their patients, and even old patients will abandon them as unreliable or unfit to practice, and their business will thus be injured or ruined.

After you have practiced awhile and discovered what your chief deficiencies are, and determine exactly what course you ought to pursue, especially if you have selected some definite and special field to which you intend eventually to limit yourself in practice, if you will spend a few months in additional study of the great principles of our science and to see practice and gain experience in some of the noted American or European hospital schools, and then return and settle down, it will be of tenfold benefit to you in more ways than one.

A discreet tongue is a great gift and a great aid to success. When elopements, seductions, rapes, confinements, or abortions; or the scandal about Dr. Bigscamp, or Rev. Mr. Blacksheep, or Miss Oilyeve; or the ignoble pedigree of Mrs. Butterfly; or the secret history of Miss Pride; or the wrecked and wretched greatness of Mr. Pomp; or the adulteries or intrigues of Mrs. Freelove; or the evil reports about this virgin, that wife, or the other widow, are being talked of, perhaps in terms that decency would require to be printed, if at all, with initial and terminal letters, with a dash between, you should have a silent, or at least a prudent, tongue; all you say on such subjects will be magnified and quickly passed around from mouth

to mouth, and its results will be a permanent injury to you. The position of the gossiping physician has ever been a very bad one, and he is sometimes called to unpleasant account; therefore, in all such cases:—

Shut your mouth, hold your tongue, and keep your soul from trouble.

Take especial care, while in contact with tale-bearers and scandal-mongers, to keep the conversation on general or abstract and legitimate subjects, and determinedly avoid descanting upon individuals and private affairs, or what somebody, or a coterie or clique of somebodies, has said about somebody else.

Never forget the influence of manners, and be careful, also, to note the great and never-failing advantage that refined persons, with virtuous minds, pure thoughts, and courteous language, have, in every station of life, over the coarse and the vulgar; and in view thereof let your manner, conversation, jokes, etc., always be chaste and pure. Never forget yourself in this particular, for nothing is more hurtful to a physician than the exhibition of an evil eye and an impure mind. Also school yourself to avoid all improprieties of language and manner, and never allow yourself to become insensible to the demands of modesty and virtue:—

Immodest words admit of no defense,
For want of decency is lack of sense.

Chasten every thought, weigh every word, and measure every phase of your deportment,—especially that which concerns the fair fame of woman,—and let your conduct toward all females be refined and respectful, if you would succeed fully, especially if gynecology and obstetrics or a specialty be the aim of your ambition. A lewd-minded physician who indulges in *double entendres*, coarse ambiguities, vulgar jokes, lewd innuendoes, and indecent anecdotes about the sexes, and:—

To reflect on women ever ready,

even though he poses as a gentleman, is sure to be shunned,

and the reason therefor made the subject of gossip and passed from one to another in social whispers, till it reaches the purest and best of the community. Thoughtful people of both sexes everywhere rightfully regard such physicians as being far more amenable to criticism, and more dangerous to admit into the bosoms of their families, than rough-mannered believers in social purity who gamble, drink, or swear.

Study the art of questioning, and when it devolves on you, in the course of professional duty, to ask questions or make cross-examinations on delicate topics, or to broach very private subjects, do so with a chaste, serious simplicity,—neither too direct on the one hand, nor with too much circumlocution on the other.

Physicians are made in the colleges, but tried in the world. Your personality and deportment in the presence of patients will have much to do with your success. Endeavor to make your address as pleasing as possible and never omit to return a salute. Blessed is the physician who has the gift of making friends. A pompous, or cold, or cheerless, or indifferent, or iceberg-manner toward people, especially those who show a desire for friendship and good-will, or a studied or sanctimonious isolation of one's self from them socially:—

Like a frozen island;

or failure to recognize sick-room and other acquaintances on the streets and elsewhere, as if from a haughty independence, or as if "they are inferior and entirely beneath me," or as if:—

I am resolved on dignity or death,

often gives offense and destroys all warmth toward that physician, and usually causes their owner to fail to inspire either friendship or confidence; and a physician who cannot in some way make friends or awaken faith in himself cannot fail to fail. The reputation of being a "very nice man" makes friends

of everybody, and is, with many, even more potent than skill. To be both affable in manner and skillful in action makes a very strong combination: one that aids in wafting its possessor up to the top wave of professional success and repute. If, moreover, he be refined and pleasing in manner and sufficiently versed in medicine to discharge his duties correctly, his politeness will make him a troop of friends, and will be professionally more effective with many people than the most profound acquaintance with histology, microscopical pathology, and other scientific acquirements.

If your manners and conversation are of the gentle kind, that win and conciliate rather than repel children, it will be fortunate, and probably put many a dollar into your pocket that might have gone in some other direction. Such habits as fondling and kissing people's teetsy-weetsy children, or carrying them cakes or candy, however, are liable to be misconstrued into a weak effort to secure the good-will of the parents for selfish motives, and should therefore be carefully avoided.

Wear a pleasant countenance and cultivate a cheerful mental temperament, for they are a never-failing nerve-tonic and stimulant, that diffuses sunshine, cheers the timorous, dispels the fogs of hopelessness, and encourages the despondent and despairing to look on the bright side; and such a physician is himself a potential force and a valuable therapeutic agent, and he can and does relieve many and many a patient's intense anxiety by a few kind and encouraging words.

The practice of medicine, contrary to the general belief, is not a melancholy, somber, mournful occupation:—

Like a dead march,

reminding of the hearse and the grave, but a bright, cheerful one. The grateful faces you will see and the "Thanks to God!" you will hear while completely curing some poor fellow-creat-

ures and relieving others, and also allaying fear and administering comfort to the minds of their friends, will make you realize your own usefulness and the great good our noble, humane, and beneficent profession enables you to confer on suffering humanity,—the contemplation of which should make you cheerful and happy, and satisfy you with yourself and with your life-work, in spite of all the contentions and sorrows and disappointments you are subject to in practice.

The physician's visit, being the chief event of a sick person's day, is watched for eagerly. Let no ordinary occurrences interfere with your punctuality in making it; also study to acquire an agreeable, gentlemanly, and professional mode of approaching the sick and taking leave of them. There is an art, a perfection, in entering the chamber of sickness with a thoughtful and dignified, yet gentle, manner that clearly evinces interest and a determination to master the case,—in asking the necessary questions, in making the requisite examination, then carefully ordering the proper remedies, giving your opinions, directions, etc., and departing with a cheerful, self-satisfied demeanor that puts the patient at his ease, and inspires confidence on the part of himself and his friends, and a belief that you can and will do for him all that the science of medicine enables any one to do. The personal appearance, walk, movements, gestures, bow, voice, language, conversation, and countenance of some physicians are as cheering and confidence-inspiring to the sensitive nerves of the sick as sunbeams on a May day; those of others, as rude, coarse, cold, crabbed, and repulsive as a March wind, contrasting like:—

Honey *versus* vinegar.

Familiarity with the many little details of the sick-room—applying bandages, making beef-teas, gruels, mustard plasters, poultices, etc., and with dressing wounds, passing catheters, reducing hernias; getting the fish-bone from the throat, the

splinter or the needle from the hand, or the mote from the eye, or teaching the nurse how to prepare the obstetrical bed; seeing that each of those working subordinate to you do their part, and various other minor duties that you may be there incidentally called on to perform or direct—will often do more to create a favorable impression than your pills and powders. Indeed, it is to a great extent by minor matters that watchful nurses and other *habitués* of the sick-room will judge you.

As a physician you should he hopeful, and never abandon cases because they are desperate. Hope creates ideas, generates new expedients, brings up useful reflection, and leads to fresh endeavors; besides, the public believes that the only way to get cured, and render impossibility possible, after a physician loses hope and gives the patient up, is to give him up, as he is then not in the psychological mood to discover and avail himself of further opportunities.

The faculty of keeping contentment and confidence alive in the bosom of the patient and of his friends is a great one, and the look with which you meet them has much to do with this; a bright, fresh, thoughful countenance, and an easy, cheerful, soothing, professional air and manner are powers that will impart tranquillity and repose to your patient's mind and carry many a one with you toward recovery. A few cheering words sometimes relight the lamp of hope and do the timorous and despondent as much or more good than a prescription. It is, therefore, your duty to gain and retain the confidence of your patient and his friends by all honorable means,—to be cheerful or serious, sympathizing or immovable as occasion requires.

It is often very pleasing to the sick to be allowed to tell, in their own way, whatever they deem important for you to know; give to all a fair, courteous hearing, and, even though Mr. Humdrum's and Mrs. Lengthy's statements are tedious, do not abruptly cut them short, but endure and listen with

calm, respectful attention. A patient may deem a symptom very important that you know to be otherwise, yet he will not be satisfied with your views unless you show sufficient interest in all the symptoms at least to hear them described. When, for want of time, you cannot listen further, or where the recital grows too tedious and becomes too irrelevant, or begins again with a tiresome sameness of complaints, do not lose temper or manifest any annoyance, or check him by a rude order to "stop," but suddenly ask him some diverting question about his sickness, or to show his tongue, or take out your watch and begin to count his pulse with moving lips, as if completing your examination. Such expedients often serve the purpose with hypochondriacal men, garrulous women, and tedious chronics in general.

To have a good eye to see and a quick brain to understand your duty, and to be equally prompt and self-reliant in doing it, as if endowed by nature with inborn acuteness of perception and intuitive skill, is one of the strongest points you can possess, and gives easy advantage over Dr. Slowman, Dr. Wate, Dr. Dullhead, Dr. Dillydally, and Dr. Timid, with:—

Too much gelatin and too little fiber,

who, wrapped in the garments of sloth, and moving at a snail's pace, perform their part as painfully slow, undetermined, and cautious as if every diagnostic pebble were a high rock, and every therapeutic molehill a great mountain, and falter and fail at every emergency:—

As nerveless as the weakest woman.

People invariably admire and appreciate the quick and keen man who can take the responsibility of anything, anywhere at the critical time; indeed, a bold, prompt act, done with:—

Brain and backbone,

at the opportune moment, with steadiness of mind and nerve, if

successful, often creates a species of faith bordering on idolatry. Caution and courage make a good combination, and:—

***The man* who hits the moment *is the man*.**

Therefore never falter in emergency, but make sure to do the proper thing.

Capital operations in surgery illustrate this: the manual parts—expertness with the knife, etc.—are deeply impressive, and receive vastly more praise from the public than knowing when to operate and how to conduct the after-treatment. Indeed, people imagine that the comparative scarcity of surgeons is because but few of our number have the surgical instinct and the nerve to dare do great operations. The truth is, almost every physician very properly does his own minor surgery,—adjusts fractures, reduces dislocations, treats wounds, etc.,—and would also prepare to perform capital operations but for the reason that only a few are required to do all the surgery there is to be done, and but few can get a support from it. A large city with its hundreds of physicians will have less than a dozen who are prepared to do capital operations, and the majority of these have a great deal more medical than surgical practice.

If you know any one's ailments so well as to sit down and tell him exactly how he feels better than he can tell you, he will be apt to believe all you afterward say and do. To be many-sided; to possess flexibility of temper and suavity of manner, self-command, quick discernment, address, ready knowledge of human nature, and the happy genius of honestly adapting yourself to varying circumstances and to all kinds of people, at the couch of splendor and the cot of squalor, are great necessities in our checkered profession. You will meet patients of various and opposite temperaments and qualities: the refined lady and the hod-carrier, the devout and the Godless, the aged and the young, the hopeful and the despondent,

the bold and the diffident, the profound and the superficial. Let each and all find in you his ideal. Seek to penetrate the character of each and all:—

Somebodies and nobodies,

and to become an expert in adapting your manner and language to whoever and whatever is before you. Mind-reading and the study of character are both parts of your duty.

If you also have the self-command to control your emotions, temper, and passions, and to maintain a cool, philosophical equipoise and inflexible serenity of countenance:—

Calm as a summer evening or a frozen lake,

under the thousand irritative and exasperating provocations given to you by foolish patients and their querulous and rude, or excited and intolerably impudent friends, who storm at your coming too early or too late, too often or not often enough, or accuse you of giving the wrong medicine or in the wrong doses, of being too fast or too slow, it will give you great advantage at critical moments over the nervous, quick-tempered, and excitable, who unguardedly blurt out with "oh! blankety—blank—dash—blink—! ——,:;——!! ??——*?? !!!——!!——?", etc., and will generally redound both to your advantage and to your credit.

A brusque, tornado-like manner, or eccentric rudeness, is fatal to a physician's success unless sustained by unquestionable skill or reputation. A simple, humane, gentle, and refined demeanor and low tone of voice, and a smooth, affable way, are suitable to the largest part of the community:—

Manners gentle; discourse pure.

Remember that a rough, unfeeling, or arbitrary manner, as if the heart were a butcher's or made of marble, is quite different from the serene composure and intelligent sympathy

acquired by constant attendance upon the sick and suffering. The former is brutal and unprofessional; the latter is essential to enable you to weigh correctly and to manage skillfully.

If you chance to inherit any slight, but pleasant, peculiarity of character or singularity of manner it will be noticed, and, if not disagreeable, will do you no harm[1]; but never lisp, or put on owl-like looks, or assume a foreign air, or copy the manners of any one, or ape any trick of singularity for the sake of making an impression on the public. Defects are tolerated only because they are natural, and the counterfeit is easily detected by all sensible men and women, for:—

No man has two natural manners.

Be not only a gentleman, but also a gentle man, and act out your own natural character everywhere and at all times, among the rich and the poor alike, and if you are not what you would like to be, then make the best of what you are, or, to use the words of Rockwell:—

Don't simulate another's personality, but be yourself under as high pressure as your boiler will stand.

Besides making himself ridiculous, the physician who assumes a fictitious, mysterious, or rude manner must either be wrong-hearted or weak-headed.

If, moreover, you possess fluency of language, or the gift of conversational powers, or gentleness of manner, or great natural courtesy, or a never-failing stock of politeness, facility of expression, or a talent for illustrating your points by apt comparisons, or a bold, resolute way of encountering professional puzzles, or of deftly cutting the many Gordian knots so often encountered, it will help you decidedly. If, on the contrary, there is any point in which you are deficient, study and practice until you overcome it.

[1] **It is said that the *thee* and *thou* of the celebrated Dr. Fothergill, of London, was worth £2000 per year to him.**

When you reach a patient's house ascertain, if possible, from whoever meets you, his condition, etc., that you may know in advance, with what manner to approach him, especially in cases of severe illness, in which it is important neither to show him surprise, nor to disturb him with questions that should be avoided.

Never leave a bedside before qualifying yourself to communicate your ideas and opinions of the case to the inquiring friends of the patient clearly, in well-chosen, tactful, and faith-inspiring language.

Never utter a diagnosis or a prognosis in a hurry or flurry. Give your opinion in a few words, in the plainest language, and only after sufficient thought, and, if possible, do not afterward change it. Also, to prevent being misunderstood, avoid making varying statements about a case to different inquirers from time to time, but, as nearly as possible, use the same careful words and apply exactly the same terms to the disease, and even more particularly in consultation cases, and take care never to make any clearly conflicting statements.

Act toward timid children and nervous patients so as to remove all dread of your visits. Avoid a long face, a set, sad countenance, and a formal or funereal solemnity of manner, and a sepulchral voice, as these would excite thoughts of tragedy, crape, hearse, undertaker, tombstone, epitaph, and—fear of you; especially if you associate them with a corresponding style of dress. If you have a lengthened, severe, vinegar-like visage resembling:—

A walking prayer-meeting,

or if your air and movements are somber, as if looking ever on the serious side of every thing and every body; or severe, smileless, awkward; or singular, offset them by enforced cheerfulness, suitable dress, etc.

When you visit a patient, neither tarry long enough to

become a bore and give rise to the wish that you would go, nor make your visit so brief or abrupt as to leave the patient with the impression that you have not given him and his case the necessary attention.

To evince an earnest, anxious, tender interest in the welfare of patients, and serious attention to the nature of their diseases and sympathy with their sufferings, as if you were present in mind as well as in body, is another very strong, faith-inspiring quality. To find occasion to assure a sufferer that you will take the same care of him as though he were your "own brother"; or, in case it be a female, as if she were your "own sister"; or to assure a female in labor that you will be as gentle in making the necessary examinations as if she were an infant, and similar truthfully-meant expressions of sincere sympathy and interest, letting your conduct be such that they may feel it is so, inspire great confidence, and are often quoted long after the physician has used them:—

Little things often help.

The world is full of objects of pity, and it may be that no really busy physician can devote full time and exert his utmost skill in every case that appeals to him, or throw into it his whole heart; undivided thoughts, feelings, and intellectual strength; or even feel acute personal interest in the agonies, the woes, the bruises, the afflictions, and the sufferings of every patient to whom he is called; or feel the pain he necessarily inflicts as much as the patients do; if he did, the endless chain of misery with which he is brought in contact would prove to be too great a strain on his mind and body, and, through overcare and nerve-strain, would soon unfit him for practice. But you can and should at least make a careful examination, in an honest and intelligent manner, and manifest humane anxiety and interest, and show uniform kindness in all cases, and avoid exhibiting a rough manner, unfeeling haste, or chilly indiffer-

ence in any. Be careful to approach the sick, rich and poor alike, with noiseless step; kindly, hopeful greeting; and gentle, thoughtful speech. The possession of the oil of kindness, and a feeling of true humanity, by a physician, or the lack of it, can in no way be so accurately judged as in his questioning and examination of the sick. The soothing voice, tender touch, and sympathetic feeling tend not a little to soften the pillow of affliction and the couch of death.

In examining the sick be especially careful to use *the professional touch*, avoid inflicting pain in delicate and sensitive parts, and assuage their fears and oversensitiveness by assurances that you will not cause any more suffering than is unavoidable, and then proceed to make good your words. He who possesses such manner and tact naturally will not, cannot, fail to gain devoted patients, who will willingly trust and retain him in preference to all others, even though they know his reputation for skill to be far below that of a dozen of his professional neighbors.

You and we know that human life is precious above all else on earth; but some persons think that being so often in contact with sickness and death tends to make physicians less thoughtful of life's value and more callous to suffering than other men; and nothing is more gratifying to all, and especially to such as are interested in one who is lying sick, than to hear the physician expressing a lofty estimate of the value of human life in general, and why the one there at stake is specially valuable and worthy of an earnest determination on the part of all to save it.

For ultimate success you must, of course, depend chiefly on your skill in curing the sick. You will find, nevertheless, that but few patients—probably not one in twenty—can correctly estimate the amount of technical and scientific knowledge you possess. The majority are governed by the care and devotion you exhibit, and form their opinion and rate your

services by the little details of routine attention, which is evidence that skill in giving medicine is not all that is necessary to make a successful physician.

While civil and urbane to all, without distinction, be especially courteous to female attendants on the sick; for woman, noble woman! as true to duty as Diana, with voice soft, gentle, and kind, and the look of heaven in her face, is and ever will be the angel of the sick-room:—

Sweet is her voice in the season of sorrow;

and you, as a physician, cannot fail to witness many touching evidences of her unselfish devotion as mother, wife, sister, daughter, nurse, or friend to the sick and the suffering, patiently and heroically watching around the bedside by day and by night, and ministering with an angel's spirit, even at the risk of her own life:—

Woman, fairest of creation, God's last and best gift to man.

After a patient convalesces, or when it is no longer necessary to visit him often, if, when you chance to be attending in his neighborhood, you send your driver to inquire how he is getting along, it will not only give you the desired information, but will also impress both him and his with a grateful sense of your interest in the case.

Having the sick child taken up for examination, carrying your patient to the light that you may see him fully and examine him carefully, also having one's urine, or his sputa, or the blood-spat, etc., saved for examination, will not only give you much necessary information as to the patient's condition, but will also satisfy him and others of your interest and solicitude, and of your anxiety to fulfill your duty. A like effect is also produced by paying one your first visit in the morning, or the last at night, administering the dose of medicine with your own hand, or staying, in urgent cases, to see that the medicine

produces the desired effect; and, above all else, such things actually help to make the cure.

You will find that, in times of sudden sickness and alarm in families, there is a peculiar susceptibility to strong impressions and kindness and special attention then shown is doubly appreciated. Sometimes even a kindly act or a pleasing expression, opportunely uttered, is long remembered. Indifference, coldness, an unlucky word, an inopportune remark, an impatient ejaculation, an after-word, or other slight cause may, on the contrary, at once sever attachments and terminate friendships that have existed between the physician and the family for years. Many a new physician gains a hold on the hearts of a good family, becomes beloved, and secures their permanent patronage by the exhibition of kindness and assiduous attention in alarming accidents and distressing emergencies; also by sleepless anxiety and faithful, devoted, and unwearied attention, trying to steer here to avoid this danger, and there to escape that peril, in cases of typhoid fever, scarlet fever, etc., where, perhaps, a precious patient's life hangs, day after day, as if by a single thread.

A still more powerful lever to assist in establishing your professional reputation will be found in curing the long-standing cases so often seen among the poverty-stricken. Many of these poor, disease-ridden sons and daughters of poverty are curable, but require greater attention to details, and more time, strength, and personal superintendence than well-established physicians, whose time is monopolized by acute cases, can possibly devote to them. If you are seriously in earnest, as though your whole nature were aroused, use good judgment, and persevere with them until a cure is effected; your special interest and kindly attendance will be observed and appreciated, and you will be credited with all the prosperous accidents of the case, get the credit of the cure, and gain a host of warm admirers, who will magnify and herald you far

and wide as being doubly skillful in making the blind see, the deaf hear, the lame walk, the broken whole, the dying well, the weak strong, and rotten lungs sound again; and, even though you receive but little or no cash remuneration from them, it will serve as a mental gymnasium, help to train and develop your professional character, show your skill, augment your fame, educate your hands and your eyes, and school you in the art of recognizing, studying, and treating the very diseases you will be called upon to attend all the days of your life; besides teaching you how to meet the responsibilities, and how to overcome the thousand and one embarrassments encountered by the beginner, and bring you eventual success in life; and, when success does come, forget not those by whom it came, and with grateful heart be true to all the friends of your struggling years. Pure and honorable, unselfish and sincere friends:—

Happy is he who has found faithful friends,
For faithful friends are the medicine of life.

Take care not to promise too much to old, chronic cases, that more experienced physicians have pronounced incurable; and annoying and troublesome, but penniless, patients, gotten from older physicians who wish to get rid of them—promise nothing but that you will do your best for them. Never stake your whole reputation on their cure, and allow yourself plenty of time in speaking of the period necessary for the trial, instead of promising too much, or good results too soon, or before you see how they respond to treatment.

You will find it comparatively easy to get practice in the slums and among the moneyless poor, and relatively hard to do so among the wealthier classes. Your practice will probably begin in cellars and garrets, lanes and back streets, among the poorest of the poor, from the Emerald Isle, the Germans, the Slavs, and the Latins; also among the degraded and the vicious; even in hovels of visible filth and crawling vermin; where:—

We have counted two-and-seventy stenches,
All well defined;

in putrid alleys and fetid courts, where you will see the great twin enemies:—

Disease and Poverty.

You will also be called to wretchedness, misery, and want in human hog-pens, where the children:—

Wade and wallow in pools and puddles
That even the frogs have left,

and the elders wash with invisible soap, in imperceptible water, and use immaterial towels, who nevertheless not only furnish astonishing illustrations of monumental ignorance, but also marked examples of:—

The survival of the filthiest.

You will also enter dens of sin, and haunts of vice and crime, where you must do your work amid:—

Poverty, hunger, and dirt,

where your reputation will extend much more rapidly than in comfortable quarters; but, no matter whether in the palace of plenty or the hovel of hunger, every man, woman, or child you attend, white and black, rich and poor, will aid in making you a physician in fact as well as in name by enriching your experience and also in shaping public opinion by giving you either a good or a bad name. Disease is the same whether in the body of a prince or a pauper, a saint or a sinner, and the duties of surgery are the same on a noble McKinley or a viperous Czolgosz, and experience—whether gotten on Celestial Avenue, in Golden Square, at the Johns-Hopkins Hospital, or down in Bandy-leg Alley, Bummers' Roost, Rotten Row, or Murky Marsh—gives a clearer insight into the nature of disease, and is all alike valuable.

The wheel of fortune sometimes makes the poor rich, and

a few of the more grateful then remember the physician who remembered them; but, as a rule, when poor people are raised to wealth (from the dirt to delirium), they move from the obscure, old house, or dingy rooms, to a mansion in a better section, sell their old, shabby furniture, and buy new:—

But yesterday out of the egg; to-day they despise the shell,

pull off plain clothes and put on fine ones; and, as if to efface all the past, and to prove that all their many vows of devotion were only burlesque, even the physician who attended them in obscurity, and stood by them through all their dark years, is also abandoned, and Professor Highkite or Dr. Newmode is thenceforth employed:—

And thus the world goes round and round;
Some go up, and some go down.

Attending the servants of the rich, who are sick at their service-places, or paid for by the latter, will not improve your reputation much with the powers above stairs; at any rate, not nearly so much as attending the same patients at their own homes, and on their own account. Proud and haughty, people who, in their minds, couple you with their servants, garrets, back stairs, area-ways, and kitchens, are apt to form a low opinion of your professional status and of the nature and class of your practice, and will seldom call you from the kitchen to the parlor. It is also true that, if you attend a poor person gratuitously, you will seldom, if ever, be called to his rich relatives; and if Dame Fortune ever makes that poor patient rich, even he may become supercilious, drop you, and seek "higher advice."

Nor will you find it very satisfactory to attend people who "just call you in," to see a sick member of their family, "because you are attending across the street, or in the neighborhood." Those who select you or send for you because they prefer you and your methods to all others will be your best and most devoted patients.

When an able-to-be-at-business person wishes to consult you professionally, or to undergo a minor operation, or take a course of treatment under you, if it is at all possible, it is far better for you to assign some reason for seeing him at your own office or at his home than for you to be humbly running, hat in hand, to face the throng at his office, store, or factory.

You are not obliged to assume charge of any case, of any kind, or to engage to attend a female in confinement, or to involve yourself in any way against your wish; but, after doing so, you are morally, if not legally, bound to attend, and to attend fully and faithfully, even though it may be a charity or "bad-pay" patient. At the same time you have a perfect right to withdraw from any case by giving proper notice.

Ethical requirements and legal duties are as binding in pauper and charity cases as in any other, for both ethics and law rest upon abstract principle and govern all cases alike. And medical ethics should be as binding on hospital and dispensary physicians as on those in private practice.

In patients who exaggerate symptoms, and in those who, on the other hand, conceal them, and also, in cases where the sickness may, for this or that reason, be entirely feigned, remember that all symptoms are divisible into two kinds: objective and subjective, and that all symptoms which are visible, or discoverable by any kind of examination, are known as objective symptoms, while all sufferings or conditions in which we must rely wholly on the patient's statements are called subjective symptoms. The various kinds of malingerers find hundreds of reasons for feigning sickness and also for telling untruths about existing symptoms, and thousands of causes for exaggerating the degree of suffering or disability when objective symptoms are present; and it is very unfortunate when a patient who has something to gain by being on the sick-list presents none but subjective symptoms. Such problems will often confront and perplex you.

There are also two similar ways to learn the effects of your therapeutics. Sometimes we are informed by what we observe to follow their use—objective; and we are sometimes informed by what the person feels—subjective.

By reason of these and other facts, you will probably find hospital and dispensary patients and the poor much easier to attend than the higher classes; their ailments, though severe, are more definite, and uncomplicated, the treatment more clearly indicated, and the response of their system generally more prompt, and one can usually predict the duration and issue of their cases with surprising accuracy. With the wealthy and pampered, on the other hand, there is often such a concatenation of unrelated or chronic symptoms and strange sympathies, or they are described in such indefinite or exaggerated terms, that it is often difficult to judge which symptom is most important to-day or which will be to-morrow.

With hospital patients,—sailors, soldiers, paupers, etc.,—on the contrary, there are but two classes: the really sick, suffering from affections of a well-marked type, and malingerers, and such practice is apt to lead the unguarded junior to a rough-and-ready habit of treating every patient as very ill, or else as having little or nothing the matter with him; later, he finds that crude or overactive methods may answer in public institutions, where one patient is the same as another, but will not suit the squeamish people with nerves tuned to a high key, and prone to overestimate their own personal importance, so often seen in private practice, with indefinite or frivolous ailments, for which the earnest physician accustomed to hospital methods could hardly fail to feel and manifest contempt. Hospital practice, in which patients are held down by stern laws and severe discipline, is so different, so very different, from private practice that but few shine conspicuously in both spheres.

Familiarize yourself with the "Code of Ethics of the American Medical Association," and never violate either its

letter or its spirit, but scrupulously observe them toward all regular graduates practicing as regular physicians. But remember that neither honor nor ethics requires you to extend its favoring provisions to persons practicing contrary to the liberal principles that govern all regular physicians.

We are not sure that the medical profession of any other country has a code of written ethics. Possibly old countries from long custom can dispense with them. But in this Young Land of Freedom the very nature of society and the jarring of interests require that physicians shall have some general system of written ethics to define their duties, and, in cases of doubt, to regulate their conduct toward each other and the public in their intercourse and competition. Every individual in the profession is, of course, supposed to be a gentleman, actuated by a lofty professional spirit, striving to do right and to avoid wrong, and, even were there no written rules at all, the vast majority would naturally conform to the rules of justice and honor, as far as they understood them. As a consequence, each one's actions, when scanned by watchful and knowing eyes, would probably be considered fair in nine doubtful cases out of ten, while in the tenth one might honestly err, or conclude differently from his neighbor on some mootable point, or might be differing in opinion from some captious rival, or unprincipled competitor, with whom an honorable agreement would be impossible, for:—

There are weak brethren in every brotherhood.

The absence of rules for our government would also leave Dr. Grabber and Dr. Badegg or Dr. Knownothing at liberty to make their own cross-eyed codes, which might violate all logic and all propriety:—

The wrong-doer never lacks a pretext;

and, no matter how equivocal their position, or how crooked

and insincere their ways, no one would be able to prove that they acted from unworthy motives, and not from ignorance or error of judgment, even in the most flagrant violation of the glorious Golden Rule, laid down by Confucius, and quoted by our Saviour: "Do unto another what ye would he should do unto you, and do not unto another what you would not should be done unto you,"—truly a world of ethics in a nutshell, an ocean of morals in a drop, yea:—

The essence of all religion.

The non-existence of a code would also make it possible for Dr. G to pounce on the patients of Drs. A, B, C, D, E, and F like a hungry wolf leaping into a sheepfold:—

Wild-beast ethics,

and to carry on a regular system of infringements, self-advertising, certificate-giving, and wrong-doing in general, regardless of their rights, and still claim to be as honorable as Socrates, while those aggrieved would have no visible standard of appeal by which the contrary could be proved:—

He may take who has the power,
And he may keep who can.

In view of these and other facts it has been found necessary to have a code of written ethics for regulating the conduct of all regular physicians toward each other and the public.

Dr. Thomas Percival, an English physician, in a small book published in London in 1807, proposed an admirable code of ethics, which, excepting a few alterations made necessary by the advance of medical science, is the identical code adopted by the American Medical Association in 1847, and which from then until now has instructed and governed our profession throughout this broad land, protecting the good and restraining the bad, just as the Ten Commandments of Holy Writ instruct and restrict mankind in general.

You and all other physicians are supposed to have studied this code, and to be familiar with its requirements. The moral claim which it has upon you rests not upon any obligation of personal friendship toward your professional brethren, but upon the fact that it provides for every relation, contingency, and occasion, and is founded on the broad basis of justice and equal rights to every member of the profession, shining like the pole-star to guide and direct all who wish to pursue an honorable course; and, being founded on the highest moral principles, its precepts can never become useless till regenerate and infallible human nature makes both medical codes and the ten commandments unnecessary. It is the great oracle of right and reason, to which you can resort and study the moral aspect of all the subjects that are likely to confront you from time to time, and no better code of moral principles can be found anywhere.

To this lofty code, in a great measure, is due the binding together and elevation, far above ordinary vocations, of the medical profession of our land, and the esteem and honorable standing which it everywhere enjoys.

By its dignity and justness it remains as fresh and useful to-day as when the profession adopted it, nearly sixty years ago, and if you faithfully observe its pure and lofty teachings you can truthfully exclaim: "I feel within me a peace above all earthly dignities, a clear and quiet conscience."

Professional morals are an important part of medical education, and it is as necessary for every medical college in America to give to each of its alumni a copy of "The Code of Ethics of the American Medical Association," with his diploma, as it is for a mother to familiarize her children with the Ten Commandments.

Observe and practice every acknowledged rule of professional etiquette, and be punctilious in your endeavors to do every person justice. If you err at all in this respect, let it be

in liberality. Suffer injustice, rather than participate in it. Sometimes, even though the letter of ethics allows you to take a patient, it may be unkind or unwise, or even brutal to do so; use such opportunities to harmonize rather than to disrupt.

There is a proverbial rancor and bitterness about medical antagonisms and medical hatreds, some of which terminate only with life; avoid them as far as lies in your power, and endeavor to be in amicable and brotherly relations with other physicians; and, should you ever feel that you have cause for complaint against a brother-physician, let him know of it, and give him an opportunity to explain and defend his action, or to acknowledge his error, if he is in error; then, if you disagree, refer the case to mutual professional friends for adjustment; or, if you have been too badly treated, or the wound in your heart has created insuperable personal aversion or is too deep to admit of these, drop intercourse and pass him silently.

When called to attend a case previously under the care of another physician, especially if the patient and friends are dissatisfied with his treatment, or if the case is likely to prove fatal, be carefully just. Do not disparage the previous attendant by saying it is too late, and expressing a wish that you had been called in sooner:—

Hit him again, he has no friends

or criticise his conduct or his remedies; it is mean and cowardly to do either. In such cases do not fail to reply, to the questions of the patient or his inquiring friends, that you are there to help, not to find fault, and your duty is with the present and future, not with the past. Inform yourself as to what line of treatment has been followed in the case, but refuse either to peer into or criticise the previous attendant's remedies. Let your conversations also refer to the present and future, and not to the past, and in no way allude to the physician superseded, unless you can speak clearly to his advantage.

As a rule, the less you say about the previous treatment, the better it is for all concerned.

To take a mean advantage of any one whom you have superseded, besides being morally wrong, might engender a professional hornet, who, in retaliation, would watch with a malignant eye and sting fiercely wherever opportunity offered. Eschew *finesse*, and shun meanness as you would a viper; and let courtesy, truth, and justice mark every step in your career. Seek, moreover, to enhance your profession in public esteem on every fitting opportunity, and also defend your brethren and your profession when either is unjustly assailed. Indeed, to fail to defend the reputation of an absent professional brother, even by a conspiracy of silence, when justice demands you to speak, is not only unprofessional, but is more or less dishonorable, and implies a quasi-sanction of the libel.

Every physician has his successes, and also his failures. Where you are highly successful in diagnosis, or have worked wonders in treatment after others have failed, observe a proper degree of modesty, and avoid pushing your triumph so far as to wound the feelings or mortify the pride of your less-fortunate predecessors:—

No man likes to be surpassed by men of his own level.

Seek just credit, but be guarded in your words and actions, and take no unfair advantage of their errors, that you yourself may not invite disparagement or beget hatred in return.

We all know there are a thousand unwritten ways to show an ethical spirit and a thousand undefinable ways to evince an unethical one. When you doubt whether this or that patient is fairly yours or another's, give your brother the benefit of the doubt. Avoid being tenacious of doubtful rights, and let your every-day conduct, in this and all other respects, entitle you to the esteem of your medical neighbors. This pays in pocket and also in peace of mind.

Medical quarrels are a disgrace to the profession; therefore, while alive to your own interests, do not captiously follow up every trifling infringement, difficulty, or apparent contradiction, as if you were ever on the watch for provocations and angry collision with your neighbors, and courted a war with everybody for what you may be pleased to call your "rights."

A certain amount of jarring and clashing in a profession like ours is unavoidable; allow liberally for this:—

Bear and forbear;

school your feelings; bury captiousness and narrowness in the ocean of oblivion, and maintain a friendly attitude toward all your fairly-disposed brethren. It does not pay to quarrel, and, if you incline to do so, many questions will arise that cannot be satisfactorily adjusted by an appeal to the code, and you will become involved in useless, rancorous, and endless controversies and reprisals with those whose path may happen to cross your own. Sometimes:—

The very silliest thing in life
Creates the most material strife.

You will find it both disagreeable and embarrassing to pass and repass a medical neighbor between whom and yourself there exists a chronic feud, or a rupture of intercourse from jealousy or hatred, as, also, to meet anybody face to face with whom, through enmity, friendship and speaking acquaintance have ceased. If ever you have cause to believe a medical neighbor has treated you unfairly, or has misconstrued your conduct or motive, instead of the fierce onslaught and bitter rejoinder, go or send directly to him, and in an earnest, but urbane, manner make or ask an explanation, then:—

The truth shall shine as clear as the noonday sun.

Eschew all doubtful expedients that relate to getting patients and profits, as though you cast off or assume the code of

ethics just as suits your purpose; and be very careful not unjustly to encroach on any other physician's practice; also never attempt unfairly to retain another's patient to whom you are called in an emergency. Having begun the treatment is not a valid excuse for superseding the regular attendant. If you are in doubt whether you were deliberately chosen or only taken in the emergency, do not hide yourself behind a mean technicality of ethics, but lay aside personal and professional selfishness and ask the direct question. If you learn that another was preferred to you, surrender the patient to him on his arrival. Circumstances may make it impossible for you to retain honorable possession of the case and even require you to have the former attendant sent for, either to take charge of it or for consultation.

Acts of neighborly kindness and of honest friendship are frequently performed by physicians for one another, and go far, very far, toward neutralizing the ruffles, stings, and collision of interests which the very nature of our profession makes inevitable. If your conduct toward other physicians at such times is invariably just and honorable, with no falseness, either verbal or practical, as if arising from a desire to do only that which is right, it will in due time be recognized and appreciated, and will not only assist in making your road pleasant, but, if you ever unwittingly infringe, one and all will acquit you of any intentional error. In other words, do right, and your reputation will take care of itself.

When you are called, in an emergency, to prescribe for a patient who is under the care of another physician, it is better to leave for him a copy of your prescription, that he, knowing its exact character, may be able to judge whether or not he wishes to continue its use.

Be it your invariable rule never to visit a patient who is under the care of a brother-physician, as a medical detective for the patient's beneficial society, with a view to ascertain

whether he is malingering; or for an employer, friend, or relative who is anxious and apprehensive in regard to his illness; or for one in fear of an impending damage-suit, with a view to report thereon, without the distinct sanction of the attending physician. It would be a still greater wrong to ask whether this or that has been tried, or clandestinely to remove the bandages from fractures, ulcers, etc., applied by another physician, whether it be to interfere with the treatment or merely to pry into the case.

Be also chary of visiting patients under the treatment of other physicians for social purposes, as this is a frequent cause of suspicion and contention.

Never assume charge of a patient recently under the care of any other regular physician without first ascertaining that he has been formally notified of the change. The principle that governs all such cases is this: When a person is taken sick he is at liberty to select any physician he prefers, but after making a selection, and when the case has been taken charge of, if for any reason whatever the patient wants to change to you, he must follow the established custom, for, if there are any hard thoughts on the part of the other physician or unpleasant scenes with him, the patient and his friends should endure them, not you.

Dissatisfied persons who wish to discard another medical attendant and employ you will sometimes contend that the rules relative to taking charge of a patient recently under the care of another physician are cruel and unjust, and confined to the medical profession. Neither of these statements is true, for our custom is identical with that which prevails among all classes of people, which requires the formal discharge of the old employee before a new one can take his place. Besides, no person can fill a vacancy anywhere till one exists.

Be especially chary of taking cases in families into which you have previously been called in consultation, more particu-

larly if you were called in at the former attendant's suggestion, unless he has died, moved away, or requests you to do so, for he, chagrined at his displacement, or:—

Eaten up with anger,

will be apt to scan every feature of the change, and, if there be any ground at all for suspicion, will conclude that, instead of obeying the Golden Rule, you have taken advantage of the introduction *he* gave you, ingratiated yourself in, and ungenerously elbowed him out:—

I taught you to swim, and now you would drown me.

You will sometimes be called to a patient, and, upon going, will find that he is under the care of some fellow-physician, and will, of course, refuse to attend; but you will almost surely be urged just to look at the patient and tell what you think of him; or to tell what you think of the attending physician's treatment; or to prescribe for him; with the assurance that the other physician shall be kept ignorant of your visit. Bear in mind that honor and duty require you, as a man and a gentleman, to do right in these and all other positions in which you may be placed; not through fear or for policy's sake, but because it is right to do right, and for the other equally broad reason that you yourself would be cognizant of the wrong, whether another knew of it or not, and it would lower you in your own eyes; decline, therefore, courteously, but firmly, such solicitations, with an honest assurance that you desire to possess your own respect as earnestly as you do that of others. Unless a great emergency exists, you should determinedly refuse either to sit in judgment on another's work, or in any way to interfere; if, however, the case be one of urgency, your services should be rendered for the attending physician, and you should leave a note telling him what you have done, and, as a rule, make no charges for such services.

When a sick person or his officious or sympathizing friends

are inveighing to you against an attending physician, and finding fault with his treatment or at the patient's being so long unrelieved, you should never suggest that he be discharged so that you may supplant him, as it would seem like plotting or intriguing for a brother's place, and but little short of piracy:—

Ungentlemanly, unchristian, and unprofessional.

The rules regarding previous attendance are much less stringent with floating office business than in regular family practice, and it is not essential to inquire whether an office patient is under the care of another. Many of the most eminent physicians, surgeons, and specialists prescribe for all ordinary office patients with but little regard as to who has been attending, or where, or when, and hospital and dispensary staffs do so without apparent scruples, to all who wend their way to them. Most people, with long-standing, or painful, or puzzling ailments, are unwilling to resign themselves to the will of Providence and to go humbly and contentedly along to the end until numerous physicians have been tried in vain; and a patient with heart-trouble, cough, or a skin disease will occasionally drift around and consult a dozen physicians at their offices in as many weeks, from one medicine to another and from system to system: from regular to irregular, and from irregular to quack. The principle followed is simply this: Office-advice to strangers is everywhere cash and the payment of the fee frees the patient to go subsequently to whomsoever else he pleases.

You will see much to condemn in regard to ethics, both in the profession and among the laity. Should you ever feel constrained to impugn or attack any one's conduct, do it in an open, manly way, and never covertly or anonymously; clandestine attacks and dark-lantern tactics are:—

The coward's weapons;

but when you take up the pen of criticism, or write to the

public press about anything, either sign yourself in some impersonal way, as Physician, or Medicus, else use your own name with the M.D. omitted.

Also, if you ever act as a literary critic, do not assail, and where you are hostile do not even allude to, the personal character of the author, but confine yourself to the correctness, value, or moral character of the work itself.

Keep some good vaccine-virus constantly on hand, both for the fees it secures, when there is a demand for vaccination, and also for fear of suddenly meeting cases of smallpox.

Vaccination, although a trifling operation, is a prolific cause of criticism and reproach to physicians; take your time and do each person skillfully and thoroughly. In lieu of old-style humanized virus or arm-to-arm vaccination, use calf-virus only, whenever it is possible to obtain it. It is more popular, and not capable of communicating syphilis, scrofula, etc., and needs less defense. In no case use any but pure virus; begin by making the arm aseptic by scrubbing and your needle aseptic by heating it red hot, and thus be ready to defend yourself and your method of doing it with proof if any one you vaccinate charges any mishap to your virus or to you.

Remember that you are legally as well as morally bound to vaccinate a person after promising to do so. Besides the regrets and harsh criticism your neglect would surely generate, a suit for damages might follow if the patient should get smallpox while awaiting the fulfillment of your promise.

Do not begin the unjust custom of vaccinating children gratuitously, in cases where you have officiated at their birth, as is the habit with some. Make the same charge for revaccinating any one, to test whether his former vaccination is still protective, whether it takes or not, as you would if he never had been vaccinated before, as revaccination succeeds in but a small proportion of those it is tried upon, and the charge is for making the test.

If a health-department vaccine physician, you should never insist upon vaccinating children or other unvaccinated persons who are known to have a discreet, watchful medical attendant, unless smallpox is actually prevailing. They should, on the contrary, be referred to him.

You should, of course, make no extra charge for repeating primary vaccinations till they take, no matter how long the interval between the trials; also make but one charge for any person who has revaccination attempted, no matter how often, if during the same epidemic or smallpox scare.

Many people believe a vaccination protects as long as the scar shows plainly. The truth is, a vaccine-scar lasts for life, while the protective influence of vaccination may gradually disappear. A typical vaccine-scar merely shows that the vaccination once took properly, not that it still protects.

Some people think a revaccination must be made to take anyhow, even though they are still rendered immune by the old one. You cannot catch fish where there are none, no matter how you bait your hook; nor set a stone on fire, no matter how good your matches, and so with vaccination.

Another error regarding smallpox: Many people imagine that it can only thrive when the weather is cold; this is a mistake, as it may prevail with intensity at any season, and severe epidemics of it often prevail in tropical countries where there is perpetual summer.

Avoid volunteer practice, and be very careful not to go out of your way to persuade people to let you remove warts, extract tumors, efface tattoo-marks, destroy nevi or superfluous or disfiguring hairs or perform other minor surgical operations gratuitously, with assurances of success. There is always a possibility of serious or fatal sequels; the most trivial operation—even a puncture on the tip of the finger by a pin, needle, or splinter—is occasionally followed by death, and you should not induce people to let you involve yourself for their benefit,

without being paid for the risk and responsibility; for instance, it is an ugly matter to have a wart or a mole you have insisted upon tampering with become an ulcerating epithelioma. It is safer, indeed, to avoid all unrequested work and all gratuitous responsibility, other than what charity actually calls for.

For similar reasons do not persuade people to effect insurance on their lives, or in any particular company, as all such ventures made through your advice, although profitless to you, carry a possibility of disappointment or failure that might bring life-long censure on you.

Wisdom in recognizing cases that are likely to involve you in suits for malpractice, and in foreseeing and forestalling the suits themselves, is also a valuable power. Take care that this wisdom does not come too late or cost you too much. Remember that when you are employed professionally you are regarded as contracting that you possess ordinary medical knowledge and will exercise ordinary skill in your profession; and it is naturally understood that you will be guilty of no negligence. Beyond this you are not responsible for the result, no matter how bad, as medicine is not an exact science; but if you fail in ordinary skill or lack in care, you are legally liable to the injured person to the full extent of the damage sustained. Skill should, of course, be measured by the time and place in which it is exercised; whether on land or on shipboard, in places where facilities are few or where they are many; and these are all matters that the judge and jury must take into account.

In your professional rounds you will not find the various diseases as clearly marked as they are in the books, nor labeled as plainly as the bottles in a pharmacy or the counties on a colored map; therefore neither a mistake in diagnosis nor failure to cure is sufficient cause for legal action, and every physician may be, and often is, mistaken; indeed, many cases are so obscure, or masked, or irregular, or complicated, that noth-

ing but an autopsy, and sometimes not even that, can reveal their exact nature to the most skilled pathologist.

Never fail promptly to send in your professional account to dissatisfied patients who may be unjustly attempting to injure your reputation and practice, and especially to such as may be threatening to sue you for malpractice, whether or not you expect them ever to pay it. If you cowardly shrink from doing so in such cases, it will be quoted as proof that you are guilty of what they charge and that you know it. The presentation of your bill will:—

Wet their powder,

and give you a better position before every body, by raising an issue that tends to checkmate theirs. In all such cases *do not fail to charge the maximum fee.*

When you are to be a witness in court in any important case, courteously, but firmly, decline to give Doubletongue, or Hawkeye or any other person connected with the opposite side either a verbal or written statement of what you saw, heard, or observed in the case, or what your opinion is, or what your testimony will be. Also, if need be, dispute their right to question you at all on the subject.

If you are yielding in this respect, you may actually help opponents to set traps for you by distorting your statement from its proper meaning and intent, or to rebut it on the witness-stand, or to prepare to charge that you are lacking in medical knowledge, and thus bring both justice and yourself to grief, as has been done with many and many a poor hunted animal of a medical witness. Often, in such cases:—

Your enemy makes you wise.

Firmly, but courteously, inform these oily agents that you will not give the desired information, but that they can elicit all you know on the witness-stand.

When giving evidence in court—whether as plaintiff, defendant, or witness—endeavor to keep cool and self-possessed, and give your evidence with manly and honest candor and in the purest and most delicate language the case will admit; avoid obscure and technical terms, and hearsay and booksay, as much as possible; guess at nothing, and express no opinion for which you cannot give the why and the wherefore, then:—

Their claws can do you no harm,

and, if it is your own case, avoid all repulsive acts and words that would turn the judge or jury against you.

If anything is asked you that you do not know or have never considered, answer at once that you do not know or that you have no opinion on the subject.

There is no class or profession other than our own whose members habitually confront and confute one another in the courts and before the public. Our so-called psychological experts, specialists, and other would-be highly scientific representatives, have so often been hired by contestants to use their dialectic powers to frame or elicit testimony favorable to them, in life-insurance disputes, will-contests, criminal cases, etc., that the public are led freely to jest about the differing opinions of physicians, and to believe, from these public professional contradictions and divergences of opinion, that there is no case so disreputable, no claim so monstrous, that it cannot be bolstered up by medical evidence; and that the boasted science of medicine is merely a tissue of guess-work, and that obliging pseudo-experts can make things appear to be either black, white, or lead-colored, and are willing to serve the highest bidder, on any side of any question, and assist him to:—

Blind both judge and jury, not to give them eyes.

Never forget that every principle of professional duty requires us to stand by and defend each other in everything that

is honorable and just, and forbids you to think of lending yourself as a "medical cat's-paw" either to go on the witness-stand or to prompt any lawyer as medical assistant in his efforts to bandy and break down medical witnesses on cross-examination in rascally or speculative malpractice suits against physicians who have conscientiously discharged their duty in cases of sickness, accident, or surgical operation.

Slanderous suits for damages against physicians are generally trumped up by ambulance-chasing, pettifogging lawyers—not with the hope that they may come to trial on their merits, but that the accused physician, through natural dread of the expense and annoyance, may pay a snug sum as hush-money—or by advice of low-class physicians intent on the downfall and ruin of rival practitioners:—

> **The words of their mouths are smoother than butter,**
> **But guile is in their hearts.**

The court-records make it appear that the poorer a patient and the more that charity has been shown him, the more likely he is to enter suit and otherwise show base ingratitude. If ever a worthless, lying loafer or pauper gets a law chance at your pocket-book, look out for him, and also for the diabolical ingenuity of his cunning and unprincipled legal adviser, for:—

> **Bitter experience makes a man wise.**

Eye-cases and fractures about the wrist and elbow furnish a large proportion of these malpractice suits.

Probably there is no department of professional duty in which you will be asked to throw honesty overboard and become accessory to unjust pretense so often as that of giving certificates that the disability of persons seeking to get pensions, society benefits, charity aid, damages for injuries, etc., is ten times greater than it really is. You will also be cajoled by conspirators, or blandished and flattered by schem-

ers, or even tempted by gold, to give an opinion that old Jinglecash, who was mentally unfit to make a will, was unclouded in mind and fully competent to do so; or that Drinkhard or Halfded, with one foot in the grave, the result of intemperance or disease, is sound or temperate, and thereby to swindle some insurance company; or that Dullhead is a highly intelligent applicant; or that Badbody or Dysoon, with a bias toward a certain disease or with an incipient organic affection, is in perfect health. Or Highflyer or other pleasure-loving officials may seek to cover absence from duty by your certificate that their non-attendance was due to sickness; or Slinker may attempt through your aid to escape military or jury duty, or attendance at court as a witness or for trial; or Mr. Awfuldry may try to get from you a prescription for a "Sunday drink of liquor" for his thirst, under the false pretense of "very sick."

Repel all such attempts promptly and determinedly:—

Keep your garments pure,

and learn to say "no" when your conscience or duty forbids you to say yes, and emphatically refuse to be seduced from the path of truth and honor, or to deviate from your clear duty, for any one; then and then only:—

You can laugh at those who grin at you.

With professional honesty for your pilot, be firm in your determination to steer clear of all practices and alliances in which your part would not bear legal scrutiny or detailing in the community; and you will not only safely pass the rocks of shame and the whirlpools of bitterness which have wrecked so many of our profession, but you will have the approval of your own conscience. Perish all that conflicts with this.



A PHYSICIAN'S life is full of moral conflicts. When you are importuned to produce abortion, on the plea of hiding from the world the yet-undiscovered guilt and saving the poor girl's character; or preventing her sister's heart from being broken, or her father from committing murder or suicide, or him who has taken criminal advantage of her from being *(sic)* disgraced; or to avert the shame that would fall on the family, or the church scandal about one of the weak brethren; or to limit the number of children for married people who already have as many as they want, or who are just married and do not want the inconvenience of children so soon; or to accommodate ladies who assert that they are too sickly to have children, or that their suckling child is too young to be weaned, or that they have been pregnant only a short time; to dry the tear that falls from beauty's cheek, or to avoid other anticipated evils; and that if you do not do it some one else will. We beg you, brother, by all the gods at once, not to stop to discuss the subject with a "h'm" and a "haw," but meet all such entreaties and arguments with a refusal prompt, strong, and positive, and don't even let yourself appear to entertain the proposition. If they are too importunate, inform them that they have entered the wrong door, and express your sentiments in unmistakable upright, downright, outright American frankness; and then bow them out; but remember that these are terrible secrets, and seal your lips doubly tight.

It is always safe to do right, and never safe to do wrong. How could any one but a soft-headed idiot or an utterly unprincipled man be induced to stain his hands and his heart by committing such a crimson crime; to violate both his moral conscience and the criminal law, and foolishly going through:—

Crucibles of sleepless nights,

and risking social disgrace, and professional ruin for himself and those he loves, probably the penitentiary, or possibly a noose of hemp, for "murder by abortion" by taking the guilty burden, even though it be only the size of a mustard seed, from other people's guilty shoulders to his own, thereby putting himself in their selfish power whether as a favor, or for a few dirty dollars, or even for all the gold of California!

Evil rumors of this kind fly rapidly and reach farther and last longer than any other and:—

Like Alps on Alps, arise.

The production of a few criminal abortions (murders committed in the early months of pregnancy) go from tongue to tongue:—

Thy sin shall find thee out.

and give the "damphool" physician who stoops to commit them a notoriety as wide-spread, infamous, and tenacious as the Bloody Shirt of Nessus, and sooner or later some of them betray him and crush his reputation like an egg-shell when he least expects it. Therefore, take care:—

That the immaculate whiteness of your fame
Shall ne'er be sullied with one taint or spot.

Such a misstep from the heights of integrity might get you into a large lot of trouble in a short space of time, and probably wreck your whole life, and teach you the dear-bought lesson so many other physicians have learned, and make your whole

future existence worth but little more than three yards of rope or five grains of strychnine, therefore:—

Drink not at all from this cup.

Better to live on a crust of bread and the water supplied by heaven, and walk the streets with threadbare coat, and remain poor through life, with pure reputation, unstained honor, and eye ready to meet any man's, than roll in a chariot, dress in broadcloth, and feast on old wine purchased with money gotten in such a way.

When circumstances render it necessary for you to prescribe for females with suspended menses, where pregnancy is possibly or probably the cause, it is better, instead of giving a Latinized prescription, to order some well-known article: Hoffmann's Anodyne, Elixir Valerianate of Ammonia, or Wine of Iron, under its common English name, with written instructions how to take it. By thus avoiding all secrecy regarding the nature of the remedies prescribed, you will avert the suspicion or, may be, a direct charge of giving abortifacients.

To fool a woman who is surely pregnant and applies for an abortifacient by giving some inert agent would, to say the least, be unwise; it is better plainly to refuse to give anything, whether it be a pretended or a real remedy.

The charge or suspicion of criminal abortion is much more apt to be brought when the female is single than when she is married.

You must give a cautious, a very cautious, opinion, if any, in cases of unmarried females whose menses have ceased and pregnancy is feared, or as to whether an apparent pregnancy is real, especially in a case where the suspected female, after everybody else has left the room, strenuously denies having had carnal intercourse, in these and many other cases:—

The physician must, like the diplomatist, tread softly.

Many who are guilty will not confess the truth while a third person is present.

Erroneously to pronounce a virtuous girl pregnant may blast the whole future life of one who is possessed of the shield of virtue and clothed in the mantle of virgin purity, with:—

A soul as white as heaven,

and call down maledictions on you; if, on the other hand, and on insufficient evidence, you too quickly declare her "not pregnant," or that it is "the dropsy," or "a tumor," it may seriously injure you; but this mistake would bear no comparison to the former or to the injury you might inflict on an innocent person by an inconsiderate and fallacious declaration of pregnancy. In every instance, therefore, in which the slightest reasonable doubt exists, temporize or suspend your opinion for weeks, or even months if need be, till positively certain that it is "a kicking tumor," by hearing the fetal heart-beat, feeling the fluttering of the child within the uterus, or some other unequivocal sign.

Should you ever encounter a case in which you believe the destruction of the unborn child is (for physical reasons) necessary to save the mother's life, do not consent to do it secretly, but only after regular consultation with some other physician of well-known probity:—

No one was ever lost on a straight road.

To give directions for the prevention of conception; or instructing persons in onanism, buggery, or other nasty, unnamable sins; or in the guilty use of condoms, sponges, syringes, or preventives against venereal diseases or conception, that encourage the timid to venture; or in the use of this, that, or the other instrument or drug or other expedient to aid crime or to defeat Nature—though offenses beyond the reach of man-made laws—is, nevertheless, most derogatory and degrading to the physician, and a violation of his professional office.

Never carry away or keep chloroform, ergot, splints, instruments, or other unused articles that patients have paid for, without a clear agreement with them to that effect; and be very, very careful how you infringe upon the wine or liquor intended for a sick person, or eat his cake, fruit, or other sick-room dainties. Foolishly to do such things would not only lay you open to criticism, but even to the most mortifying charges of meanness or dishonesty if a rupture of friendship should ever occur; in fact, with such things to fortify them, many mean-souled people would be somewhat disposed to welcome or create a rupture with you.

Be careful that attempts to conceal the presence of contagious diseases or other recognized sources of danger to the public health, or of births resulting from clandestine marriage or from bastardy, do not involve you in the exposures and recriminations that are apt to follow.

If you have skill in escaping cases likely to render your attendance necessary in court as a witness and other time-consuming annoyances, legal or otherwise, it will prove a source of much comfort and relief.

Cultivate agreeable relations with your professional neighbors and keep old friendships in repair. The practice of medicine isolates the members of our profession from one another much more than one would suppose. Neighboring physicians, fellow workers in the same humane and beneficent profession, and well known to each other by sight or reputation, daily pass and repass each other without a look or nod; and, although acquaintanceship and social amenities might be mutually agreeable and beneficial, and possibly ripen into life-long friendship, they often remain strangers unless some fortuitous circumstance brings them together.

From the very beginning of your career you have social and fraternal duties as well as individual and solitary ones; hence neither hold yourself aloof from the profession nor

attempt to isolate yourself and attend to your own interests merely; but identify yourself, head and heart, with your medical brethren in all the forward movements in the profession and in all other legitimate professional matters: attend the medical conventions, assemblages of alumni, meetings called to provide entertainment for visiting medical celebrities, memorial meetings held to pay special tribute of respect to deceased medical brethren, meetings of the profession held to voice the opinions or policy of the profession regarding public dangers, or to take associated action on matters of public hygiene or regarding medical laws; or to devise and urge the adoption of sanitary measures against epidemics, etc. Your presence at these unions and reunions will keep you in touch with the profession, and be an earnest of the spirit that actuates you.

Also, join the medical societies of your neighborhood; and, if none exist, induce your medical brethren to join you in founding one. Organization into brotherhood gives protection both to the profession and to individuals. Society membership will be a guarantee of your good standing and that you pursue legitimate practice.

A good medical society is also something of a post-graduate school, and, next to actual personal experience, there is nothing so valuable to the young practitioner as the medical meeting, for there the collision of mind with mind:—

Steel whets steel—

and of thought with thought, in amicable discussion, awakens reflection and deeper reasoning, opens the mind to new ideas, increases the intellectual grasp, stimulates and strengthens the mental digestive power:—

In this mill we'll rub each other's angles down—

liberalizes and enlarges the scope of every speaker and every listener, and acts as leaven to the entire profession. Nowhere else can you study:—

As in a mirror,

the individuality, the good and bad traits, and the styles of different physicians, and discover the reasons why each one is what he is, so fully as at medical meetings. There the specialist, the teacher, the general practitioner, and the scholarly bookworms all meet:—

Well armed with mighty arguments,

and each in his own way contributes to the instruction and intellectual recreation of the others. There you can meet your neighbors on common ground, grasp each other by the hand, look into one another's faces and compare investigations, experience, and opinions by face-to-face discussion:—

Many things, obscure to me before, now clear up, and become visible.

There you can compare yourself and your abilities, with them and theirs. There rivalries, dissensions, jealousies, and controversies can be softened, and confidence and professional friendships be formed and cemented; there you can find opportunities for pleasant, social intercourse with worthy men, and see distrust converted into friendship and cordial goodwill merely by acquaintance. There you can also silently measure the height and depth of your medical contemporaries, and see the difference between the serious and the superficial thinker, the convincing and the faulty logician, the judicious and the injudicious, the alert and the stupid, intellectual giants and mental dwarfs:—

Those with nothing to say, and a poor way of saying it.
Those with nothing to say, and a dextrous manner of saying it.
Those with something to say, and a poor manner of saying it.
Those with something to say, and a charm of style in saying it.

There you can also estimate the influence of pleasing actions and correct deportment, and the mental and moral course of those who command respect, and discover and learn to avoid the imperfections of those who do not; and there

learn to practice their virtues and to avoid their faults,—and in many other respects become expert in separating the wheat from the chaff.

Medical societies, of course, are neither a specific for all personal deficiencies nor a panacea for every professional sore. There you may see men good enough ordinarily to appear with the best, but weak enough, under temptation, to behave with the worst; some, too, who neglect all the better duties under the plea of "lack of time," and attend only when there is to be an election, a jubilee, or a quarrel. Spending a few hours among honorable physicians once a week will neither purify and uplift Professor Blackwings into angelhood, nor change Dr. Buffoon into a gentleman; neither convert Dr. Tricky or Dr. Caitiff into professional Chesterfields, nor lend Dr. Oilyone a conscience like Milton's, or create one for Professor Doubleways out of a moral vacuum. Nevertheless, intercourse at a medical society serves as an intellectual exchange, where one may hear scientific gladiators discuss moot points and live questions in medicine, and at the same time establish and strengthen friendly and honorable relations with his brethren.

Never oppose the admission of any clean-handed, honorable, and competent person into society membership for private or personal reasons, or for any cause other than ineligibility or unfitness for the honors and benefits that membership confers, no!—

Shut not the gates against any honest man,

because our societies exist for the advancement of medical and surgical knowledge and for the benefit of all regular physicians, and it would be unjust to mix private feelings with professional duties, and interpose an objection or a blackball on purely personal grounds. If one is lacking in character or in standing he ought not to be proposed, as it is much easier to keep out than to get out unworthy individuals.

Do not hesitate to take part in the medical debates whenever you have anything valuable to offer, whether it is gleaned from literature or from your own experience. If your views differ from another's, express them with courtesy and respect. If you have a contribution or a new fact to offer; an invention, or new pathological views, or a discovery, or a secret to announce; a new instrument to show; an operation to describe; a patient or specimen to present; a report to make; or a new method, or a new use for an old remedy, or a new therapeutic agent, a promising theory, or a new door or path by which to reach a desirable object, or any interesting information to impart; or a talismanic charm to tell of; or anything whatever to say, speak distinctly and speak out in a careful, clear, methodical manner, then sit down; but when you have nothing worth offering, do not talk for talk's sake, but make Ciceronian silence your law, and do not break it. When on the floor, take care neither to abandon your medical vocabulary for the vernacular nor let your professional manner degenerate. This will soon teach you to arrange your thoughts quickly and to express them clearly.

In relating a case it is proper to speak plainly of all its features, but it is improper to mention the name or the exact residence of the patient.

Remember in debate, as elsewhere, that there is nothing infallible; that you must school your prejudices and be open to conviction. Toleration of a difference of opinion is a lofty virtue; therefore, say or do nothing to wound the pride or the feelings of any other member, and if any incautious remark, misstatement, or personal reflection drops from your lips, be not slow to make proper atonement. No man is, or ever was, right all the time; therefore those who, Nero-like, are always absolutely right while all others are positively wrong; who can brook no opinion that does not accord with

their own, are apt to be hot-headed, indiscreet, and unsafe guides. Far better to inscribe on your banner:—

In truth, unity; in doubt, liberty; and in all things, charity.

Also remember that differences of opinion are quite compatible with friendship, and that controversies, discussions, and parliamentary battles, no matter how sharp or excited, are conducted by men of discretion within the bounds of decorum, and without violations of the ordinary rules of good breeding; and, also, that there is no mode of practice nor remedy for any disease which has not been the subject of obstinate dispute, and that every new discovery or startling announcement stirs the whole medical world and sets dozens of able men to testing and reporting, asserting and denying.

Some people entertain a belief that medical societies exist for the pecuniary advancement of their members, just as trade-unions and like organizations strive for fewer hours and more pay for the working-classes, and that they tend to limit the freedom of personal opinion and abridge the individual rights of their members. Be careful to correct such errors by informing those thus misled that medical societies exist not for selfish, or commercial, but mainly for scientific purposes, and for the public good.

Keep up your medical studies, or the knowledge which you have already acquired will soon become misty and begin to slip from your memory. Without more or less continuous study many very important facts about various diseases are apt to be forgotten; indeed, after two or three years have elapsed, the mind does not bring back the details of parallel cases, or of cases for comparison, unless they are extremely uncommon or interesting; and their utilization is thus lost to mankind. Test your memory this moment by asking yourself: What did I have for breakfast on the third day of last month? What kind of a day was the ninth of month before last?

In consulting journals and text-books, remember that practice found successful in your own climate or region is, as a rule, more to be relied upon locally than that applicable to the same disease in other climates. Also avoid depending on antiquated works on practice and back volumes of journals as guides in so progressive a science as medicine. New investigations and scientific progress render new text-books essential to those who would keep up with the medical world and maintain the skilled readiness and self-reliance which the consciousness of being fully posted on new instruments, new remedies, and new methods naturally inspires.

Endeavor to collect and form a library of standard up-to-date medical works from the pens of the leading authorities; books are the tools, the literary apparatus, with which we cut and dig our way to knowledge, and we now have more books and better books than ever before. Money carefully spent in this way will return a hundredfold. Use judgment in making your selections; buy the best authors and always the latest editions, and take care that persistent oily-tongued book-agents, with "The greatest work ever published," do not mislead you into subscribing for a jumble of:—

Prodigious things,

for which you have but little or no need, or do not want. Also consider long and well before subscribing for heavy "works" and cumbersome "systems" that come out in separate numbers or volumes, and require years to complete. No one can patronize everything, or even read one-tenth of all that is offered, unless he has a thousand eyes and nothing else to do. You need not be ashamed of a library of twenty or thirty well-selected volumes of recent date, provided you have thumbed them well and are familiar with their contents; and were you even to buy one book at a time and study that well before getting the next it would be no mistake.

A physician's knowledge is of two kinds: things he knows and things he knows where to find information about. Take care to have a good Dispensatory, a work on Medical Jurisprudence, and a Dictionary, and take care to patronize the latter freely.

Acquaint yourself fully with the contents of your library, so as to be able to refer to whatever you need without tedious hunting; also have one certain place for each and every book, and it should never be out of that place except when you are consulting it.

Subscribe to one or more weekly medical journals, and read and digest them carefully, so as to keep abreast of the discoveries and the theories of the passing day, as they are necessary to the progressive physician. But neither swear at nor by all you see in them. Be especially distrustful of publications that exist for the purpose of advertising either their owner's hobby or his goods, or this or that medical college or clique:—

There is a difference between science and sensationalism.

As a rule, you will find that statements found in the text-books and in monographs are more mature, more instructive, and more representative of collective learnings, and, in relation to therapeutics, usually much more reliable, than articles in journals, which are often founded on a single case or on the fine-wrought theories or exaggerated fancies of some enthusiastic rainbow-chaser:—

Starving for prominence,

or the unconfirmed experience, representations, expectations or speculations of some partial or paid topsy-turvyist, riding a hobby and pitting himself against everybody.

As a rule, standard monographs written by able men are the most useful and reliable reading, because when such a one

offers his views on a subject that he is perfectly familiar with, it is presumable that he tells his intelligent readers something that is both of interest and value.

Do not allow yourself to be biased too quickly or too strongly in favor of new theories based on physiological, microscopical, chemical, or other experiments, especially when offered by the unbalanced to establish their abstract conclusions or preconceived notions, or by those who have blindly identified themselves with the latest medical novelty.

Also do not allow yourself to be led too far from the practical branches of your profession into histology, pathology, microscopical anatomy, refined diagnostics, bacteriomania:—

Ha! ha! thou, too, hast some crotchets in thy head,

comparative anatomy, biology, psychology, the arrangements of electrical currents in muscular fiber and analogous wide and digressive subjects that merely interest or create a fondness for the marvelous; else it may impair your practical tendency, give your mind a wrong bias and almost surely make your usefulness as a practicing physician diminish. The first question for you, as a practitioner, seeking additional and better tools, to ask yourself in everything of this kind is: What is its use to me?

We would not apply these remarks to scholars and scientists, or laboratory specialists, or to professional teachers and experimenters, or other:—

Noble followers of the divine goddess whose name is Truth,

who have hospital and laboratory facilities, and, perhaps, wealth and leisure, and are not looking to their practice for pelf, or bread and butter, but nobly pursuing the higher reaches of scientific investigation and original thinking on borderland questions, striving to advance from the known to the unknown chiefly for unselfish love of them, or with the hope of catching

some of the new facts of science that are waiting to be caught, that they may establish some new scientific truth and thus gain professional eminence, or distinction in the paths of discovery, or possibly add a new stone to the grand pyramid of Medicine, and thus become truly great:—

That man is great, and he alone,
Who serves a greatness not his own.

Nor would we dare say these are not priceless kinds of knowledge. We mean to say that skill in the every-day practice of medicine does not depend so much on what the practitioner knows abstractly as what he knows and has the use of and that a physician may get so deeply absorbed in the hemi-, demi-, semi- quavers of the inaccessible labyrinths and subtleties of occult science and high-thinking as to regard nothing but them; and that your most useful studies, if you are an every-day practitioner, will be the well-ascertained facts of the profession, which are essential to every skillful physician: knowledge that relates to the structures connected with accidents, operations, and surgical affections, and to those of the organs that are the principal seats of medical and surgical diseases, and other practical subjects required for the daily duties of the profession, and, above all else, the art of treating the various diseases, afflictions, and injuries of mankind with success:—

A little less of science, a little more of art.

To know how to relieve a colic, pass a catheter, or cure a node is a thousand times more valuable to you than to know that the anterior cornu of the fourth ventricle of the brain runs a zig-zag course backward, outward, downward, forward, and inward! Of course, if you are a specialist, a professor, or a writer, delve to the necessary degree, in the proper direction.

The great test of medical skill is curing the sick; and your

usefulness will depend more on the successful treatment of your cases than upon familiarity with the ultra-scientific, for:—

The knowledge that a man can use is the only real knowledge,

and you will meet some, possessed of a comparatively small outfit, so dexterous in its use that they have done great good in the world, and ridden over the heads of many vastly more learned and far better versed in the truly scientific.

Never, for the sake of appearing in print, publish trifling or imperfectly prepared or top-heavy or lop-sided or windy medical articles, as whatever one writes is naturally supposed to be a mirror of his own mind. Do not, however, hesitate to put pen to paper whenever you have anything valuable or instructive to offer, both for the benefit of others and to enhance your own personal value and professional reputation:—

Of all the arts in which the wise excel,
Nature's chief masterpiece is writing well.

All the world respects a scholarly man; therefore endeavor to make everything you write a masterpiece of literary effort, and, if you are able, couch it in absolutely correct English; avoid exordiums, cultivate perspicuity, precision of language, and simplicity of method; scrupulously avoid flaws in grammar or logic, and unmerciful diffuseness; use words not *too* scholarly and classical; also presume that your readers want ideas in English instead of lessons in other languages, and do not blur it by using far-fetched, unpronounceable scraps and patches from the dead or foreign languages, unless a translation be appended; for instance, to write that this or that brings to mind Homer's Batrachomyomachia (the battle of the frogs and the mice) would be about as clear as mud to the majority. For unless it be some time-honored phrase, or well-worn quotation, the average reader will probably be forced either to pass it over unsolved or take down his classical dictionary, dusty book of quotations or his school-boy gram-

mar; and make an out-of-time and out-of-place exploring expedition to search it out; besides:—

Every man is not bred at a 'Varsity,

and not all physicians are lingual scholars, able to chew Hebrew roots, swallow Virgil in Latin, digest Homer in his native tongue, or read the great classics with their eyes shut. Our own noble Anglo-Saxon, English language, the vigorous, the living language of Shakespeare and Milton, and Bacon, is of itself capable of giving lucid, eloquent expression to every thought of man; and it is to be regretted that any American medical writer, from pedantic pretension or, attempting to seem:—

A scholar among scholars,

should fail in words with which to express himself in his own mother tongue, and make his writing brilliantly incomprehensible by throwing in handfuls of Latin and Greek, almost as a cook peppers broth, as if:—

He has been to a great feast of languages and stolen all the staggerdological scraps,

to assist him in teaching the art of making science inaccessible.

When possible, base your writings on solid facts, or on an analysis of facts, rather than on speculation and theory. Let your diction be pure and simple and as brief and aphoristic as lucidity will allow, so as not to weaken your ideas or obscure them in a lot of long-winded verbiage, as if you were trying to drown yourself in a sea of words:—

More pens, more ink, more paper;

rather go straight to the point and make every word count in expressing clear, bright ideas; let accuracy and originality and intelligent condensation be characteristic of all you write, and *stop* when you are done.

Be especially careful to give your paper, essay, or book

a concise, appropriate, and, as far as possible, a short and attractive title: one that indicates its contents, and shows with sufficient clearness the general character, purpose, and point of the material that is to follow:—

Oh, how that title befits my composition!

This is essentially necessary when the title of the work is to be put in an index or catalogue. Such indefinite titles as "A Curious Case," "Plain Facts," "Clinical Communication":—

Bless-us! What a word on a title-page is this!—

"A New Method," "A Case of Interest," "Practical Hints," etc., furnish no clue whatever. Make your title either all accurate English or all correct Latin, either, "Rapid Baldness following Smallpox," or "Perifolliculitis Decalvans following Variola," instead of a grotesque mixture of the two languages in one title.

The distribution of copies of one's worthy medical writings among medical friends and scholarly acquaintances is a source of benefit to one's reputation and is perfectly ethical.

War exists between the English and the Metric systems of weights and measures. Inches, and the ℥'s, ʒ's, ℈'s, etc., have stood the test of a thousand years, are so familiar and well understood that many medical men make no effort to carry the other, the Metric System, in their minds, and must either halt to figure it out when a metric puzzle confronts them or do without the intended information; but our ablest and most scientific writers on medical and chemical subjects are yearly using the Metric System more and more. Therefore when you publish anything in which weights and measures are given to promiscuous readers, use either the Metric or the English, accompanied by the equivalents of the other in parenthesis. Then both classes of readers will understand you. In your own reading remember that $15\,^1/_2$ grains make a gram

(or gramme) and about 31 grams make an ounce (Troy); that $^{2}/_{5}$ of an English inch make a centimeter, and 39 $^{1}/_{8}$ inches make a meter; and, also, that in fluids each fluiddrachm is equal to 4 cubic centimeters.

Take notes of all your own remarkable cases, but do not report or publish any that do not present some curious, rare, or instructive feature, or militate in some way against accepted theories; otherwise you will merely increase without adding anything valuable to existing records. You will find every department of medical literature is fast becoming loaded down with theoretical:—

Fudgilorum scribularum

discussions, speculative dissertations, compilations, and word-building; old opinions in a new guise and universally known things said in a new form:—

> **I have gathered a bouquet of other men's flowers,**
> **And nothing but the thread that binds them is mine own.**

If you write and are ambitious for the true honors of authorship, or for true and lasting fame as a discoverer, to:—

Study and be great; die and be glorious

omit book-matter that is generally known, and contribute original work, new things rather than new phrases, new ideas rather than new words, so as to break new ground and lay fresh foundations, if possible. Use a plain, intelligible style; do not count your words, but see that every word counts; also avoid such ambiguous descriptions as "the color of an orange," "the size of a strawberry," "about a couple of inches long," "as thick as blood," "like pea-soup," etc., and be as brief and concise as justice to your subject will allow; use figures instead of written numbers whenever the number is above one hundred, and, for the poor printer's sake, prepare your matter so as to please his eye and

require but little or no revision and correction on account of grammatical errors, bad phraseology, confusion of tenses, or faulty style of construction. If you have doubts as to the grammatical or logical correctness of your article, quietly submit it to the critical judgment and blue pencil of some honorable medical friend of more extensive experience, that he may discover and point out any inaccuracies of logic or faults of composition.

If you attempt to write a book, essay, or monograph, for the sake of convenience use medium-sized sheets of white note-paper and avoid rolling; this will enable you to keep them flat and to handle them more easily in writing, altering, improving, elaborating, and rewriting pages; also to carry them to and fro, and to preserve them much better than if folded or rolled. If intended for the press, write only on one side of the sheet, leave a margin at the edge, and as far as possible avoid making interlineations and erasures.

Avoid the useless custom of appending to your name a long list (like the tail of a comet) of all the titles and alphabetical appendages that you can rake together, both domestic and foreign, with half a dozen et ceteras; such caudalization is in doubtful taste and tends to excite ridicule. The chief use of suffixes is that the identity of the writer may be recognized; a single suffix, or simple title, or the name of your town, street, and number, are unpretentious and yet sufficiently explicit. The various titles and official stations of authors who have reputation as writers are often heralded by publishers as a business aid to the sale of their writings.

Publish every important discovery you are fortunate enough to make, but never furnish a verbal report, statement, or opinion on any important case or subject for publication, either in book, journal, or newspaper, without a proviso that you are to see, and if necessary revise, the proof, and correct the printer's errors in spelling, punctuation, etc., before it goes

to press; otherwise you may find some purblind proof-reader or go-ahead printer making you say the reverse of what you intended, thus necessitating a long list of "errata," or possibly causing you to regret that you ever wrote the article or allowed it to appear in print.

Never simultaneously send duplicate copies of your manuscript to various medical journals for publication without letting each know of all others that have also been supplied with copies.

Be prompt to the minute in answering all professional correspondence that requires an answer.

If you are ever requested by letter or by a messenger to prescribe for an out-of-town patient who is not under the care of any other physician, it is perfectly professional to do so if you wish, even though you may never have seen the patient; but unless the case is a clear one it might not be judicious.

Do not fail to pay your honest debts punctually, even though you be cheated out of half you earn. The best plan is to restrict your expenditures within your income and pay as you go, and if you cannot pay much do not go far; to be in arrears for horses, carriages, horse-feed, or, still worse, for clothes, luxuries, rent, servants' wages, etc., cannot fail to set the tongue of scandal to wagging freely and injuriously, to the possible ruin of your credit. Be especially careful to keep your medical society and journal dues paid promptly and to discharge all other pecuniary obligations at the proper time. Every debt must be paid sooner or later, and it is far better to meet each as it becomes due than to be paying those that should have been paid a month or a year ago.

Habitually to borrow money, books, instruments, umbrellas, etc., especially if you keep them beyond the proper time or return them in bad condition, will also tend to depreciate you more with the lenders than you would suppose.

Never involve yourself by borrowing apparatus, instru-

ments, etc., from one physician or patient, to lend to another; if necessary, introduce the parties to each other, and let the borrower borrow on his own responsibility.

It is needless to say to you that slovenliness indicates a lazy, shameless, and ignoble order of mind, and that health and decency both require you to guard against uncouth, untidy, and repulsive habits. Were you to pick your teeth or pare your finger-nails, or squirt tobacco-juice around at your visits; or have your breath, hair, and clothes as redolent with pipe or cigar fumes, alcohol, tobacco, dead beer, etc., as a bar-room spit-box, or with cloves, cardamom, and other masking aromatics; or to have the smell of iodoform, carbolic acid, creosote, valerian, and other disgusting medicines on hands or clothes or to make your appearance coatless, collarless, or cravatless, with unwashed hands, dirty finger-nails, dingy cuffs, egg-spotted or tobacco-stained shirt-bosom, greasy out-at-elbows coat, ragged trowsers with bagged knees and befringed extremities, fly-speckled or crumpled hat, shabby whiskers, or four or five days' beard on the face; rough, creaking, or dirty shoes, or with pipe or stump of cigar in mouth, or rolling a quid of tobacco in jaw; or biting the finger-nails, using coarse and impassioned language, uttering oaths or loud guffaws, or other things that offend the eye, the ear, or the nostrils, it would suggest to the majority of people:—

Mental degeneration;

would unavoidably prove obnoxious and disgusting and probably engender aversion to you, diminish your influence, detract from your dignity, and lessen you in public esteem, by impressing people with the idea that you are but an ordinary person, and not up to their ideal standard; result:—

Banishment forever.

Coarseness and vulgarity are sufficiently disgusting in anybody

and under any circumstances, but in a physician, and especially in the presence of females, they are unpardonable.

Moreover, to be seen making a flower-garden, painting, carpentering, or working on general repairs:—

Half mechanic and half doctor,

or displaying other commonplace or out-of-place non-medical talents would also suggest that your mind was not engrossed with your profession and that you were not a standard physician. You may possibly secure faith in spite of either or all these, but usually such proclivities unquestionably tend to decrease it.

Besides, the nerves and tactile corpuscles of the tips of your fingers will have much to do with your skill and success; these nerves are sometimes even superior to the sense of sight. To palpate the chest or abdomen, examine tumors, make vaginal examinations, do surgical work, etc., all require digital dexterity, and the hand must be steady and the touch must be nice and delicate; and if your fingers, instead of having their sensibility protected and their tips educated to a delicate degree, are rendered callous and clumsy by manual labor or rough usage, their blunted nerves will be unfit for these duties.

Beware of a certain temptation to which the practice of medicine especially exposes you: The irregularities, anxieties, and exhaustions; the cold, the wet, the hunger, the night-work, the loss of sleep, and the hospitality of patients and other friends all unite to tempt physicians to use alcoholics, cocain, morphia, chloral, etc. Remember that, although drunkenness and the idle life associated with it may be tolerated in physicians who are fully established in practice, because confidence and friendships had been formed and their talents and worth had become known previous to the formation of the habit, they would be fatal to any one just beginning to gain a reputation and the confidence of the community, for no one

who begins life addicted to this vice will be trusted or employed. Even when the older drinking physician is sent for, it is done with loathing, and only to make use of the good half of him, which cannot be separated from the bad, and his visits are looked for with disquietude and dread by those whom necessity puts into his hands.

What is a more disgusting spectacle than to see a drunken, swearing, rough and vulgar sot-of-a physician, with beer- or whisky- soaked breath, unsteady hand, unsteady mind, and rum-dazed eyes, recklessly staggering (like these type) around the bed of a sick or dying person, profaning the occasion by the thoughts he excites by his twaddle and unbaptized jargon, and his senseless way of giving his weak and foolish opinions? God help those who employ him!

The wisest policy for you personally is to avoid the use of intoxicating drink:—

Man's worst enemy,

which causes so much crime, sickness, and poverty, allowing others to do as they wish. The cause of drunkenness is drinking; and if you are foolish enough to swallow liquor, wine, and beer when people offer them to you, you will soon be solicited to drink at almost every house and on every occasion, and you will not only run the risk of getting fond of them, but nine chances to one those very people will be:—

The first among the foremost

to add the charge that "he drinks" whenever any other person says anything else against you, after your back is turned. If it becomes known that you never touch the demon it will be of immense advantage to your reputation. But intemperately to urge puritanical ball-and-chain temperance on others, or being an officious member of temperance, secret, or beneficial

societies, will aid you but little, if any, in the acquirement of reliable practice, the most desirable class of which is the quiet family business that you will attract by a faithful and kindly endeavor to do your very best for all who apply for your professional services.

A physician's life is like a pantomime, full of wonderful changes, and, being a public character, he knows not the hour he may need the friendship or good offices of this, that, or the other person toward whom he may have unwisely shown political, religious, or personal hostility; therefore do not allow yourself to grow morbid on temperance, total abstinence, local option, prohibition, and other sumptuary crusades or attempts to enforce the extreme views of individuals upon people in general, as they will be apt to recoil on your head if you make yourself officious in them. If your office is located very much nearer the church than the tavern and if you lean to general morality, universal temperance, and to the sabbatarian element, and give the full weight of your influence and example to all the moral qualities, instead of the pitfalls of infidelity and atheism, and strive to exhibit all the active virtues, so much the better; but proselyting and pushing matters of a partisan, political, or secular nature is not your function and you cannot become officious in them and their radical, fanatical, and irritating methods without setting (about) one-half of the community powerfully and permanently against you, and exciting their enmity and maybe their personal hostility:—

I do not like that Doctor Fell;
The reason why I cannot tell;
But this I surely know full well;
I do not like that Doctor Fell.

You had, therefore, better use moderation in all things, and leave subjects for discord, heart-burnings, animosities, and angry discussion, whether social, political, or religious, to the general public, unless your pecuniary or social position is such

that you can very well afford to run the risk, or are driven to do so by conscientious scruples that outweigh all other considerations; and even then it is better to let your profession occupy the dominant place and your patients be your first and your principal care.

When requested to write a prescription to enable an ailing person, who really needs it, to procure liquor on Sunday or in a local-option district, comply with becoming good nature, but do it as a personal favor and never accept a fee for it.

Presents from fond or grateful, very liberal or romantically generous patients, although flattering, will almost invariably lead to the disarrangement, if not actual rupture, of the legitimate pecuniary relations previously existing between yourself and the giver, which it may subsequently be impossible for you to reestablish:—

In the long run, gifts are often losses.

Most practitioners can probably recall instances in which presents of knee-blankets, whips, game, fruit, boxes of the *best bad cigars*, wine, pet animals, canes, free passes, gloves, new hats, curiosities, baby-named-for-you, etc., have spoiled their bill, and proved not only unprofitable, but exceedingly expensive. When you foresee such a result, be very guarded.

You will find it a good rule to decline all presents and all favors that are likely to place you under embarrassing obligations to patients. A still more important rule is to avoid mixed dealings and crossed accounts with hucksters, grocers, feed-men, milkmen, and other patients, as such dealings rarely continue to be satisfactory, but often lead to disagreements, and in "squaring-up" will almost always result in your getting only about half as much for your services as if you had avoided entanglements. It is decidedly better to conduct your affairs upon plain business principles: *i.e.*, let those for whom you work pay you in money, you in turn doing the same. In a

word, you had better avoid everything that tends to efface your regular system and your business rules.

Preserve a proper degree of gravity and dignity toward your patients. Frivolous conduct, coarse jokes, horse-play, skylarking, clownish levity, vulgar roughness, unseasonable sportiveness and bar-room familiarity are unprofessional, and tend to breed contempt and scandal. Discourage all attempts of roughs and toughs rudely to address you with a "Hello, Doc!" or by your first name, or in any other way to pass the limit of propriety with you. Show every one proper respect, and exact the same in return. Do not, however, understand us to advocate solemn pomposity, or to condemn good-natured pleasantry. Not so; for, when gentlemanly and in moderation, light-heartedness is often very appropriate, and sometimes actually serves as a tonic to a patient's drooping spirits. If you, happily, possess a becoming earnestness of deportment and sobriety of conversation, and at the same time wear a cheerful mien, it will be both health to yourself and sunshine to the sick.

Avoid dining out with your patients and attending their tea- or card- parties. Eat as seldom as possible at their houses,—only when unavoidably detained there by cases of labor, convulsions, and the like. There is a tendency to conviviality and *abandon* around the festive board that has a leveling effect, and divests the physician of his legitimate prestige. It is far better to cultivate no intimacies and eat a cold repast at home than to occupy the best seat at the table and partake of the most savory viands of some patients. Let a physician once unbend himself among certain classes of people, and he risks a complete loss of their professional appreciation and their confidence.

When compelled by circumstances to accept a meal, if you chance to be served alone, so much the better; if seated to eat with the family, be courteous, but somewhat reserved, and

exhibit no uncalled-for levity, but simply endeavor to render yourself agreeable. Shun all *badinage* and gossip and do not unduly extol the viands, and be careful to make no after-allusions elsewhere to the "snowy cloth," the "delicious butter," the "juicy beefsteak," etc., as though you were a stranger to these.

Try to give satisfaction at your visits; show that you are anxious to relieve both the body and the mind of your patient, and you will not, cannot, fail to succeed in your ambition to get practice. To do this fully you must, of course, feel and express a genuine interest in the case and in the effects of the remedies you are employing. Bear in mind, always, that, with every practitioner, one of the first essentials to success is that he should command the confidence of his patients.

When necessary to scold or find fault with patients or their attendants (as is often the case), either preface or follow what you say by explaining that you are *not scolding in anger*, but because you feel an earnest desire to have them do right for every body's sake. By thus softening your reproof you will completely disarm resentment, and, no matter how severe, all you say will be taken in good part.

If you are unmarried, it will, no doubt, sometimes be cited against you by many, but not all, for some people feel more interest in a young physician than an older one, and more interest in an unmarried one than one who is; therefore there is no great professional advantage gained by being married. The objection to most unmarried physicians is really not their celibacy, but their youthfulness, which may also be quoted against one even if married. It is true that the conversation and society of intelligent and virtuous females impart self-respect to man, and give elegance and softness to his manners; and for him to feel that the inspiring eye of such a one is upon him often inflames his soul with ambition to reach the highest goal and to win the greenest laurels. It is also true that "it is not good for man to be alone":—

Till Eve was brought to Adam he
A solitary desert trod;

and every physician should, when his pecuniary circumstances justify the step, look out for a wise helpmate:—

Whose eyes will mark his coming,
And look brighter when he does,

and settle down, and make for himself a home, sweet home:—

Where days are ever bright, and nights serene.

But, for a struggling young physician to take a partner in his poverty, with an eye to business only, would be a very imprudent step, and entail expenses and responsibilities without corresponding benefits. Besides, you should keep both business and marriage on a higher plane, for:—

Without hearts there is but little home, and less happiness.

You will, in your professional career, often witness the misery, cares, and anxieties, and, sometimes, the:—

Hell on earth,

that flow from degrading the tender, half-human, half-divine bonds of marriage by entering into it simply to obtain money, to gratify lust, or from other ill-considered motives, or from any other considerations whatever than pure love and congeniality of souls; and you had better seek no friend this side of heaven than risk the formation of detrimental domestic relations, and a cat-and-dog-life yourself. But, whether you marry or not, try to develop those elements of character and habits of thought that make one's life pure and happy.

Every body wants a skillful and lucky medical attendant:—

Many funerals discredit a physician;

therefore a series of dystocias, or of deaths in childbed, or of unsuccessful surgical operations, or of malignant cases, or a

series of cases of any kind that have terminated unsatisfactorily, often injuriously affect the physician for years by attaching to him—especially if he be a beginner—either charges of being blind to danger and to duty or a long-to-be-remembered reputation for bad luck. If such a series unfortunately threatens you in the beginning of your practice, seek to divide the responsibility and strengthen yourself by consultations with able brethren of high reputation.

No physician can succeed fully without the favorable opinion of the gentle maids and watchful matrons with whom he may be associated in the sick-room. They can be his best friends or his worst enemies. Women and children constitute four-fifths of all the population. Females have more sickness than males, and children more than adults, and the females of every family are the autocrats of the sick-room, yea:—

> The hand that rocks the cradle
> Is the hand that rules the world,

and has a potent influence in selecting the family physician. We have sometimes thought that the secret why a truly scientific physician who studies microbes, molecules, and atoms chiefly—to whom a patient is an object of scientific interest, just as a rock is to a geologist or as a flower is to a botanist; who, more naturalist than physician, loves the abstrusest depths of medical philosophy and the study of science better than humanity; and doubts everything not capable of anatomical, chemical, or microscopical demonstration; and, with eye at the microscope, watches cases chiefly from a cold, logical point of view, or to study the action of microbes—very often decidedly lacks general popularity, and fails to get much practice, is that cold, unemotional impassive logic and high theoretical attainments, however much admired abstractly, are not a certain guarantee of popular favor, since they are often attained at the expense of the social qualifications, and hence do

not create those friendly feelings upon which getting practice partly depends; and are often associated with a deficiency of the qualities of head and heart which appeal to the weak side of woman—her emotions—and gain her favoring opinions and good-will. You will find that no other case brings a mother and a physician closer together than attendance on a dearly loved sick child.

The power to impress those you meet with a favorable opinion of your adaptation to your calling is a potent and important factor. Discipline yourself by self-examination whenever and wherever you have conducted yourself unsatisfactorily. This will teach you to conceal or eradicate your faults and defects, and to give prominence to your good qualities.

The ability to blend pleasing manners with strict discharge of duty, and thereby make friends of those who employ you in an emergency or tentatively, is likewise a power that you should carefully cultivate.

A good memory for faces and the names that go with them; also remembrance of the names of child patients, and of adults whom you see but rarely; and the ability to recall the salient points of former interviews with them will give you a reputation for a good memory, and will be a pleasing adjunct to other winning qualities.

Three-fourths of all the population are children; and their likes and dislikes will control your destiny in many a family. Some people patronize irregulars and various forms of quackery for no better reason than that "the children like them and take their medicine easily," knowing from experience that an attempt to give pills or bitter doses to children who dislike compulsion, or spoiled Pinky-Panky-Poo kind of children, with resolute wills, whose nurses and mothers have taught them to look on "the doctor" as a barbarian or butcher, means a fight, a failure, and a nervous infliction on both parent and child. Make allowance for children's lack of fortitude, and humor

their likes and dislikes as far as compatible with duty. Kindness to a child is remembered and often referred to even after it grows into manhood or womanhood.

In your efforts to establish a practice do not rely too strongly on friendship or social influence, for the whole human race is governed by self-interest, and friends and acquaintances who have known you for years may prefer that you test your therapeutic skill and gain your professional experience on others rather than on them or theirs.

Socially, you may be a great favorite while all are well; but when sickness occurs and death threatens, the principle of self-interest arises, and the impulses of friendship become dormant and do not determine the choice of a physician. No member of any family circle will be spared, if human power can save, for in the happy home:—

> **Ties around the heart are spun**
> **Which cannot, will not, be undone;**

and terrified at the possibility of losing the kind husband, the beloved wife, blooming daughter, darling babe, dutiful son, or honored parent, as the case may be, people instinctively send for the physician in whose skill they have the most confidence. They go past Dr. Newcomer, about whom they know too little; past Dr. Drinker, about whom they know too much; past Dr. Gay, Dr. Fickle, Dr. Nogood, Dr. Butterfly, Dr. Misfit, Dr. Strangeways, Dr. Blackleg, Dr. Phunnyman, and Professor Halfsmart; past the one who takes morphia or cocain; past the one who has forgotten his marital vows or deserted his wife and family; and all others whose unprofessional demeanor proves them to be either unripe or unsuited to duties so delicate, so precious, so weighty as that of a family physician,—past all, till they reach Dr. Bestman, in whom their faith centers. Faith is the great controlling guide in choosing the physician who is to stand by what may be one's own death-

bed or the death-bed of his loved ones; therefore the two greatest elements of medical faith are: first, a belief that one is willing to do the best that can be done for the patient; second, that he is not only willing, but knows how.

Be courteous and considerate to every one, especially when you are vexed or in a hurry; discourteous abruptness in physicians inflicts many useless wounds, some of which it is difficult or impossible to heal. Politeness and courtesy are seed that cost nothing, are easily sown, that always bear good fruit. Resolve that you will sow them along your entire pathway as long as you live.

When boys or young men come to you for assistance for their base-ball or athletic club, or their library, give something, and give it freely. If ladies or anybody else ask you for a donation to aid the heathen (!!!) or to help buy a carpet for their church, or for the relief of some poor unfortunate, or any other laudable object, give willingly and cheerfully. If the tiny boy or girl comes to sell a ticket, buy it laughingly, for contributions of this sort not only do good to others, but often prove to be a judicious investment for self. Were you to scowl and, with lengthened phiz, say "No!!" the young man, the young woman, and the tiny boy would each feel an enduring antipathy to you and all unite in nicknaming you "Old Stingy," and ever after avoid you.

There is one positive fact which you might not observe without having your attention called to it; that is this: after you get into full practice, your days, weeks, months, and years will glide away faster than those of other people, almost:—

Like the mists of the morning,

because, as a physician, you will be incessantly engrossed with a medley of important duties, with the nature of your cases constantly changing, and the flight of your time will consequently be almost magical:—

Leaping from year to year, as a fleeing boy crosses,
on the stones, the stream.

You yourself are mortal; and death is a stern and ruthless tyrant; therefore, you should not only try to prolong your own life, but to get as much personal comfort out of it as you can, by lightening toil, shortening hours, and seeking proper relaxations and amusements while the age for enjoying them still remains:—

As we journey through life
Let us live by the way.

Many physicians, in their eager devotion to business, foolishly postpone necessary relaxation from one time to another, intending to give up some of the hardest of their labors and worst of their work, and to fall back on their reputation for skill and experience; then take life easier, indulge in diversions, social amenities, and pleasures—when they get older—in the autumn of life—when the hair grows gray, etc., forgetting that:—

An unlaid egg is an uncertain thing,

and thus foolishly neglect to seek enjoyments till they lose all taste for them, until they know nothing, and are fit for nothing but to:—

Work! Work!! Work!!!

and wear out their lives in routine toil and drudgery, as the slave of the sick public, on the hard, hurly-burly treadmill of practice, hurrying upstairs and downstairs:—

Like a shuttlecock,

from one bedside to another; from some horrible sight to some stinking case, or to a death-bed, and from that to a repulsive obstetrical case, a fever-tossed patient, or a puking baby, or to some other variety of weak, petulant, or exacting patient. Often summoned unnecessarily, too, to count accel-

erated pulses and work overtime at unseasonable hours, or bored at rest-hours with office patients; besides poring over books and pondering over cases day and night:—

Living evermore in a world of disease,

till, from prolonged mental tension and physical strain, they become prime candidates for one or the other of the physician's two afflictions,—organic heart disease or atheroma of the cerebral arteries,—then progressive heart-failure or apoplexy; and, last, premature death, as the natural penalty:—

Straining breaks the bow.

A little leisure, either to rest or to play, or for rational amusement of any kind, soothes the troubled waters of professional life, and is a great blessing: rec-reation is re-creation. Make it your rule to do as little work on Sundays and holidays as is consistent with duty, and hold no consultations on Sundays except in cases of urgent necessity. The Sabbath, or day of rest, was instituted in Paradise, by God himself, and is a blessing to all, and it is asserted that violating The Gospel of Rest and working seven days in a week, instead of resting the tired brain, shattered nerves, and fatigued limbs on the seventh, shortens a life of threescore and ten by twenty years. We know one busy physician who, to protect himself, has a sign in his office saying: "No Office-hours on Sunday."

An occasional day's sport, breathing God's oxygen, with rod or gun in hand:—

There is pleasure in the pathless woods—

or a trip to the bayside, riverside, or seashore, where:—

Every breeze bears health upon its wings,

or an evening at a convivial meeting, or at the theater, will work off nervousness and act as a refreshment to your labors; lessen the worries, frets, tumults, jarring, and cares of prac-

tice; vary the monotony of life, soothe mental excitement, and conduce to health and longevity. Besides, a short rest stolen in this way will actually make you more philosophical and a better physician when you return to your books and to your duties in the sick-chamber.

Newspaper notices of your departure from the city for seaside, mountain, or other short pleasure-trips will, if allowed, have a disturbing and hurtful influence on your practice while you are away, and even after your return; therefore the cost of a pleasure-trip or a few days' recreation is not to be counted solely by the expense of the journey, but you must also add the far heavier loss in practice, and the unmerited blame that is apt to follow being absent from those who need you and believe that you are neglecting your business. Reporters are aware how "out-of-the-city" items injure physicians, and seldom publish them without permission. The register-clerk of hotels where you register will, if requested, omit newspaper announcement of your arrival, which would publish your brief absence from business to the whole world. If you sign your family name and initials only and omit your M.D., in registering at this or that hotel, it will protect you greatly.

If Doctor Trueman or any other professional friend is prevented from attending to his practice by sickness, or by death in his family, it is just and proper to attend to practice for him without reward; but, if Dr. Wildwings long or often neglects his business for dissipation or to pursue free-from-care pleasure, he cannot expect you to wear yourself down attending for him, and it is proper and just for him adequately to remunerate you or whomever else he gets to do his work.

When you get another to attend for you, it will be much less annoying to him if you have your office patients sent from your office to his, instead of compelling him to spend or waste your stated office-hours at your office; also to have

your new calls carried to him as soon as received, instead of compelling him to call again and again to learn whether he is needed.

When you assume charge of a case for another physician, to look after it during his sickness or absence from the city, or one of your own that has been under the care of a friend while you were away, or that another has attended in an emergency pending your arrival, take care to do as much good as possible for the patient, with as little harm as possible to the former attendant. Continue his line of treatment, at least for a while, if you can conscientiously do so. An abrupt, radical change, either in diagnosis, prognosis, or treatment, or designedly differing with him, either in opinion or practice, is both ungenerous and injurious to your coworker. In such a case, if you believe something more should be given, instead of stopping his red or black medicine and ordering a white or yellow one, or his pills or capsules and ordering tablets or powders, merely add yours to or alternate it with what is already being done, and thus avoid unpleasant reflections.

After prolonged absence from home or recovery from long sickness, it is both wise and ethical to announce the fact of your return to practice through the newspapers: "Dr.——, No. —— Street, has returned from his vacation (or recovered from his sickness), and resumed his practice." Further than this stay away from editors, reporters, and interviewers; determinedly keep your name out of the newspapers; and leave unethical advertising to rival pill-makers and others who prefer to quack! quack! quack! about themselves.

There are two classes of wrong: Things that are essentially wrong, and things that are wrong because forbidden. The "ads." of physicians are of the latter kind, and for these reasons: merchants and tradesmen attract customers by handbills and newspapers, and yet, even though these do exaggerate, such methods are not considered dishonest, because

their customers are supposed to know something of the price and quality of the articles offered; besides, they can go from one store to another to examine and compare before buying. But with quacking physicians the stranger has no such opportunity, no such safeguard: because their ads. and puffs tell only one-half of the story—cures and successes—and studiously omit the other half—failures to cure and cases made worse; and, since strangers allured to physicians by these methods can neither compare their skill, weigh their pretenses, nor gauge their honesty, all such pretensions of physicians who do advertise to be better than those who do not, or to cure more people than they do, are deemed ethically wrong; for these reasons, advertising is not resorted to by members of our profession.



ENTERTAIN and show respect for your seniors in practice. There is probably no type of medical man more unworthy than young Dr. Knowitall, who overestimates himself and underestimates his seniors, and shows a corresponding contempt for opinions based on simple reasoning, and regards everything except the latest procedures as entirely obsolete. "He doesn't believe in this that I do," or "He believes this that I don't," or "They don't know this that I know":—

Old opinions! Old opinions!
Rags and tatters! Get ye gone!

Fresh from college, and ours being a progressive science, he may excel the elders with the microscope, and other scientific aids and technical tests; but long experience has been to them a teacher, and they have a clinical acquaintance with disease which gives them almost intuitive perception as to the choice of remedies, that makes them good medical logicians and safer therapeutists, because there are peculiarities which belong to almost every disease about which but little or nothing can be learned from the books; and knowledge and skill derived from observation and experience with them far outweigh mere college-learning and book-knowledge, or specific formulas, learned by rote and applied by routine; and are more like part of one's very self than that gotten from any other source,

because they are fixed indelibly on both the senses and reason, to be brought forth again when needed.

Remember, too, that although young physicians may have recourse to scientific "extras," fine-drawn distinctions, and modern instrumental aids to diagnosis, and the very latest in treatment, much oftener than do the older men, yet in relying on these too much and on rational subjective symptoms and on the unaided eye too little, they are apt to forget the fact that the value of experience is universally conceded and that the best part of every man's knowledge is that which he has acquired for himself by clear and accurate observation of phenomena, and that the art of curing disease owes more to sound judgment and common-sense bedside observation and experience than to anything else.

True, the elders are more apt to disregard the nicer pathological diagnosis, which defines the technical variety of the disease—whether, for instance, a pneumonia is catarrhal, croupous, or interstitial—and to be more attentive to the therapeutical diagnosis which deals chiefly with what the treatment should be; but weighing the quantity and degree of the malady, the influence of age, season, rate of progress, physiognomy, complications, secondary affections, compensatory changes, and other clinical phenomena with a nicety that the junior with all his scientific aids can never acquire from text-books or in the lecture-room; then, with almost intuitive wisdom determining the best remedies for the mental and physical condition of the patient before him—antidoting, reducing, evacuating, quieting, stimulating, or feeding as foresight and experience have taught him:—

Past mistakes teach future wisdom.

Besides, the reputation of every physician is threefold: one portion earned by himself, another acquired from the general respectability and good repute of the profession, and a

third from public confidence in it; the last two have done much to give our profession honorable standing, and to smooth the way for the younger men, and those who have done this are certainly entitled to both courtesy and respect.

On the other hand, the older physicians, having had their turn, and remembering the rough, difficult, thorny, and discouraging trials; the painful responsibilities, exhausting toils, and heart-rending doubts; the anxieties, the galling rebuffs, and ill treatments; the blunders, the sufferings, and the dearly bought lessons of their own beginning, having been through the mill, and knowing what a treadmill it is, should help and encourage their younger brothers, instead of attempting to:—

Crush young genius just bursting from the shell,

and take them by the hand and all work side by side, with friendly feelings, for, no matter how many aspirants appear, there is always enough work left for the older physician who has done his duty in the community; yea! the world is wide enough, and there are sickness and misery enough in it to give every worthy hand and head and heart something to do.

Life is a school for all. When you have been in practice long enough to cultivate observation and to acquire aptitude in the management of the sick and to impress your patients with the fact that you have good common-sense in everything and uncommonly good sense in medicine; have accurate judgment, and evolve practical wisdom out of your own brain; and that you know all the duties of the physician to the sick, and, in addition, are especially conversant with the mental, moral, and physical idiosyncrasies of your different patients, such impressions will be of great advantage to you and will make professional attendance much easier on those who believe:—

He knows the water best who has waded through it.

You will occasionally be employed in cases because you

attended them in childhood or have attended other members of the family in similar affections, and are supposed to know their blood, and to understand the peculiarities and defects of the family constitution—their temperament, their idiosyncrasies, and their hereditary tendencies—and to possess sovereign remedies for their relief.

You will find that the belief that you understand this and that person's constitution from scalp to toe, from outer surface to inner core, and know exactly what they require inside and outside is a powerful advantage—one that will give you prestige and a favorable chance to show your skill, and to increase their confidence.

Experience and skill are what the public especially seek in a physician; they are often vitally important, and everybody knows it. You should carefully try to show that you possess both. Of course, we all have aftersight, but far-seeing foresight and ability to comprehend correctly all the changes that have taken place between your visits are what are needed. These are neither described in text-books nor furnished by lectures, but are sure to come from practical, dear-bought experience, and will develop and improve your judgment in every way, and enable you each year to see more fully into the very essence of different diseases, and to foresee their events with increased clearness. Every day is a little life, and a whole life but varying days repeated; and if you compel yourself to work faithfully and train your faculty of observation, every year will make you a better physician, and by the time you have labored and observed for ten or twelve years:—

Learning something every day,

you will possess a large stock of wisdom, and be clinically familiar with the symptoms and events of all the common afflictions that confront us, and will then know far better than at first how to wave the Æsculapian wand; and how to avoid

former errors and mistakes; and also more easily and more exactly to shape your diagnosis, prognosis, and treatment in your various medical and surgical cases.

In addition to the immense advantage the older physicians have over the younger ones, from greater ability to discern the nature and to foresee the probable degree and duration of grave and critical cases, and to give, concerning them, more discreet, definite, and true opinions from the beginning; experience enables them to recognize cases that are doubtful or likely to prove slow and tedious, and to show more accurate judgment, and to give wiser cautions and more practical precepts, and thereby to relieve themselves of many anxieties and risks of blame—advantages that naturally enhance their reputation, and enable them to reap the full value of their skill, and give them a steadier manner and greater confidence in themselves, and enable them to treat serious and tedious cases with steadiness, and to retain confidence more fully and much longer than younger physicians. This is the chief reason why those sharpened by long practice are less harassed in difficult cases by meddling officiousness from outsiders than younger ones, and less often either dismissed or forced to call in a consultant, and why the practice of medicine becomes relatively easier every year. You will find that after you have practiced twelve or fifteen years; after many of the finely spun precepts and descriptions of disease, all beautifully divided like the counties on a colored map, and other nice distinctions gotten from the professors at college, have taken wings; after you have forgotten much of your theoretical text-book knowledge—which was probably greater at graduation than it will ever be again—your experience, observation, and absorption will then give you a stock of practical facts that will be invaluable to you, and will often serve you in cases in which book-learning cannot; indeed, it is impossible to obtain from books alone sufficient knowledge of disease to make you a good

practitioner. The possession of self-attained post-graduate knowledge, and a long list of Don'ts gathered from the great book that Hippocrates and Sydenham studied so well, will make it appear to the public that you know what to do and how to do it, and is the kind that will make them prefer you to your brother who knows only what he learned while sitting on the college benches.

People love to see a physician appear to understand his business fully and to discover the actual condition quickly; therefore you must study and practice to be quick in the diagnosis and ready in the treatment of the common diseases and ordinary emergencies that as long as you live will constitute nine-tenths of your practice.

Study carefully the laws of prognosis and probable duration of disease, for it is in these that the younger physician is most deficient. Errors of prognosis are ordinarily more damaging to the physician than errors of diagnosis and of treatment. Very few people can discover whether or not your diagnosis and treatment are correct, or otherwise judge the truth of your assertions or the soundness of your reasoning; but, if you say a patient will recover and he dies, or that he will die and he gets well, or that he will be sick a month and yet he gets up in three days, or that he will be well in three days and yet he is sick a month, everybody will see that you are wrong, and will very naturally infer that, as you were wrong in your prognosis, your diagnosis and treatment may have been equally so, and they will naturally seek some one else with more experience and keener foresight; therefore as "Horace Bigelow" once said:—

Don't prophesy unless you know.

Skill in these things will enable you to foretell a favorable, a doubtful, or a fatal termination, and to foreknow the duration in a greatly increased proportion of your cases and save you a vast amount of worry and anxiety.

In forming your prognosis use all five of your senses, if necessary; and be careful to ascertain not only the condition of the organ chiefly affected, but of the other vital organs also, since their condition and action may, in some degree, compensate for the lost or impaired functions of the diseased organ. Look also at the surroundings of your patient, the nursing and attention he can command; and, lastly, learn to estimate, from the look, the voice, the groan, the breathing, the complexion, the gestures, and the general aspect,—mental and physical,—also the probable recuperative power, then put all together and form your prognosis.

In your desire to soothe the fears of anxious relatives do not wrong yourself in serious cases by pronouncing them lighter or less dangerous than they really are. Such mistakes often bring physicians sorrow and cause blame. A good rule is to avoid making too light of any such case and invariably to tell your opinion in qualified terms. The little pleurisy or the slight fever of to-day may be something greater to-morrow.

Never ask, as you enter to pay the first visit to a patient, the apparently simple, yet awkward, question: "What is the matter with you?" or salute him at any other visit with: "How are you to-day?" or he will probably retort that this is exactly what he wants you, the physician, to tell him. Also, when you revisit a patient who was very ill or apparently dying when you last left him, do not ask the one you meet at the door: "How is he now?" Else they may answer: "Oh! he died last night at — o'clock"; nor begin by asking: "At what time did he die?" Else they may answer: "Oh! he is not dead, but much better since Aunt Betsy used a mush poultice," and make you feel very awkward. Rather ask: "How did he get along after I left?" The answer to this will not betray you either way.

Do not display the fact that you are a junior or a tyro working by reflected light, and thereby belittle yourself in the estimation of patients, by constantly quoting what this or that

book says, or what such-and-such a medical celebrity thinks, or, worse still, by telling them you are "going home to read up"; or taking down your text-books before them, to find out what they say; as if you were only a book-doctor, deficient in readiness and in nerve, and compelled to rely on the opinion of others in all you do.

Also never carry a ready-written prescription to a patient, as if copied from some book or journal; rather commit it to memory, or jot it down in your visiting-list, to be glanced at and written on a prescription paper at the proper time.

The folly of blindly accepting or slavishly following the ball-and-chain dicta of this master or that dictator is well depicted by Molière in *L'Amour Médecin*, Acte ii, Scène 2, where the following dialogue occurs between Dr. Tomès and Lisette:—

Tomès.—How is the coachman?

Lisette.—He is dead.

Tomès.—Dead?

Lisette.—Yes.

Tomès.—That is impossible.

Lisette.—It may be impossible, but it is so.

Tomès.—He cannot be dead, I say.

Lisette.—I tell you he is dead and buried.

Tomès.—You are mistaken.

Lisette.—I saw it.

Tomès.—It is impossible. Hippocrates says that such diseases do not terminate till the fourteenth or twenty-first day, and it is only six days since he was taken sick.

Lisette.—Hippocrates may say what he pleases, but the coachman is dead.

Take a lesson from this, and if you have no experience of your own to guide you, adopt that of others; but remember that your patients of all shades, white and black, rich and poor, want to know what *you* think, and care but little for high-

sounding names, or for what you have been told by your preceptor, or read in Hippocrates, or Avicenna, or what you have heard in the lectures of Knixx or Spielenhausenheimer:—

What's in a name?

If you are determined to let the sick man and the sick man's friends know you are inexperienced and have no opinion of your own, you should at least spare them the infliction of following you to the sources from which your opinions were borrowed. If one is invited to dinner, he may imagine his host does not prepare it all himself, but he does not care to be taken down into the kitchen and through the pantries, and shown the pots and pans and rolling-pins, and to be introduced to the cooks and waiters, all to let him know exactly how the feast is prepared. One will feel much better entertained if he is, at the proper time, simply introduced to the table, smoking and groaning with its bounteous supply.

Make post-mortem examinations and scientific use of your opportunities, to confirm or correct your diagnosis and to become more familiar with the machinery of life, whenever cases or questions as to the cause of death present themselves; but never allow the inference that you are cutting or mangling the dead to satisfy an idle curiosity, or to gratify yourself alone, or to show that your feelings and emotions have passed through a process of hardening, or that it is a great personal favor to be allowed to do it; but put it rather and emphatically on the higher ground that it is done for the advancement of medical science and in the interest of suffering humanity, and that it may be of benefit to the very person or persons with whom you are then talking.

In making P.M.'s in private families never hurry, but take time and do them thoroughly, and be doubly careful to avoid unnecessary mutilation, and let your neatness and manner both evince respect for the sleeping dead, and regard for

the feelings of those around, more especially if a promiscuous audience of non-professional persons is present, and, after concluding, hide all traces of your work as fully as possible, and then carefully compare what you have discovered with your view of the case before death.

All civilized and even all savage nations respect the dead, and the important uses of the dead to the living are the only, but the all-sufficient, justification for human dissection.

It would be ethically wrong to make a post-mortem examination of any one who has died under the care of a brother physician at the solicitation of persons who, with mischief in their hearts, seek to disprove the diagnosis and disgrace the medical attendant; but if you do so, confer with, and, if possible, invite the deceased person's previous medical attendant to be present, and out of respect to both the dead and the living defer making post-mortem examinations for a few hours after death, as if not too anxious to mutilate.

The hypostatic congestion, consisting of mottled, reddish, or livid patches, or purplish-black discolorations, which appear on bodies shortly after death, are often mistaken by the public for ante-mortem changes, and occasion no little talk and exaggeration, and are often cited as evidence of the malignant or putrefactive nature of the death-sickness, or as proof of ante-mortem violence, "murder," "only in a trance," etc., while they are really due to post-mortem contraction of the walls of the arteries, which squeeze the greater part of their blood into the veins; through whose flaccid coats a portion of its separated coloring matter escapes into the surrounding tissues, creating the appearance mentioned. The escaped fluid tends gradually to collect, by the law of gravity, in the most dependent parts of the body, as the back of the neck, trunk, and limbs, leaving the higher parts clear and wax-like in appearance.

You can always distinguish these post-mortem changes from bruises inflicted during life by making an incision into

them. If post-mortem, you will find the blood-stain superficial and not involving the tissues beneath, but the contrary if due to violence during life. In the latter, moreover, they cannot be removed by pressure or change in the position of the body.

The useless and unjustifiable repetition of physiological and pathological experiments, made merely to gratify curiosity, or to illustrate known facts, that require vivisection of animals is, by many, considered cruel, and will not add much to your reputation, if done with that in view, as such things are supposed to have been studied, as far as needful, in the laboratory and dissecting-room before leaving college.

Human vivisection differs altogether from experiments on animals. The latter is and naturally should be permissible for the benefit of the human race and for the advancement of science. The former is allowable only for the good of the individual himself, because the use of a human being as an instrument, and not for his own welfare, is fundamentally inhuman and among the deepest of all deep crimes.

It would also be criminal to give any drug to the sick and suffering, even though you knew he had but a day or an hour to live, unless you conscientiously believed there was a probability or a possibility of its being of personal benefit to him, because experiments—that may prove inimical to human health or add to existing ailments—made on the sick for the furtherance of science only, or solely to decide abstract questions, whether with drug or instrument, either with or without the sick one's consent, are unjustifiable and deserve personal censure and legal punishment.

We do not apply these thoughts to medical men trying this or that physiological or pathological experiment or test on themselves, or on each other, or on healthy volunteers; than this nothing could be more unselfish and heroic:—

> **If I could show the way to kill the monster (Cholera), I would willingly die.**

Working with the microscope, and making analyses of the urine, sputum, blood, and other fluids as an aid to diagnosis, will not only bring fees and lead to valuable information regarding your patient's condition, but will also give you popularity and professional respect, by investing you, in the eyes of the public, with the benefits of a scientific reputation.

Obstetrical practice is, undoubtedly, in many respects, desirable, especially in the beginning of professional life, as each case partakes somewhat of the nature of a battle in which the accoucheur is (thanks to Providence!) almost always victorious, and his services are appreciated and extolled and in future relied on, which gives him a hold upon that patient, and paves the way for him to become the regular family physician; yet the inevitable and wearisome waiting at the bedside entails a serious loss of time. Chance calls of any kind you can take or not at your option, but all regular engagements, especially in obstetrical cases, must be kept day or night.

Should you ever become so overburdened with work that time is doubly precious with you, attending many or any obstetrical cases will so overtax your powers that it may become actually necessary, in self-defense, to restrict or entirely withdraw from these and other time-consuming engagements, that you may have proper time to breathe and time to attend to your other patients with something like regularity, and to obtain your meals and sleep, and also to do your writing and studying. Besides:—

There are times when it is necessary for one to be alone.

Midwifery is a wearing and exhausting branch of practice —the hardest kind of hard work—and in filth but little superior to the sink-cleaner's; it seriously interferes with regular, healthy living, and is full of care and responsibility; and, although it does lead to attendance on the family, you will find,

after getting into full practice, that the usual fees for attending cases of confinement are proportionally more meager than in any other department of practice, on account of the anxiety and months or weeks of daily and nightly waiting and watching before labor begins, and then the loss of time in attending, and the consequent interference with the fulfillment of other duties and engagements, together with the nights of work, after days of toil, loss of sleep, risk of breaking down, etc., which they are sure to occasion.

Being up and on the stretch with a case all last night does not prevent your having to work all day to-day, just the same, and you may be up to-night with another.

If you keep a record, you will probably find that nine-tenths of all your loss of rest and the majority of all your other irregularities are due to obstetrical cases.

When a woman engages you to attend her in confinement, make a memorandum of it before her; also write her name and address on one of your cards and give it to her, with instructions to send it to you as soon as she feels that your services are about to be required. This will emphasize the engagement, serve to remind her of the mutual obligation or contract, and make her more apt, when her time comes, to send for you than to call some other physician or to send around the corner and get a cheap midwife.

In spite of having been engaged to attend a case and kept in suspense for weeks or months, you will sometimes learn that the confinement is all over, some midwife or old granny was employed, and the excuse will be that everything occurred in such a hurry that they could not wait for you or had no messenger to send or some other reason lame enough to make you "cuss internally."

You will often be called on in bad cases to do ugly work for midwives who have reached the limit of their knowledge, and for the sufferer's sake never refuse to go and assume

charge of the case. Such occasions will afford you valuable opportunities to do:—

Two hours' work in forty minutes,

and to show the superiority of qualified physicians over the unskilled midwife and unpracticed irregular, and also to enhance your own worth in the estimation of those around.

The fee for a confinement case properly includes all services from the beginning of labor to the end of the ninth day. Services prior to or subsequent to this period are extra.

Where you fear your charges may be disputed, or but half-paid "after all is over," you can properly bring up the subject at the time you are asked to engage for persons who live far away, or are unknown to you, or are bad pay, or live in such a way as to suggest financial embarrassment, by remarking that, were they to get a midwife instead of you, her charges would be much less than yours. This will bring up the subject somewhat incidentally, and give you an opportunity to tell your terms and to make a business-like agreement, and also save you many a hard-earned dollar.

When you first visit a woman in labor it is a wise rule to ask her, among other questions, whether she has felt the motions of the child since labor began; that, in case she has not, and it is born dead, you may have some evidence that it was dead before you arrived, if such is truly the case. Also, if your examination of a primipara shows very small pelvic diameters, or unusual smallness of the vaginal orifice, or perineal rigidity, incidentally mention the fact, and tell of the possibility of difficult labor, laceration of the perineum, etc., that you may not be unjustly blamed if such events should unavoidably occur.

In every case, after delivering the child be careful to call its mother's attention to the lump in her abdomen, and inform her that it is only the contracted womb. If you omit to do so,

she may accidentally discover it, get greatly alarmed, and either send for you post-haste or await your next visit with dread.

The enlarged, pouched, or protuberant abdomen, that begins in many females months or years after confinement, believed by many to be enlargement of the womb caused by their not being properly bandaged after labor, does not depend on the womb at all, but is due to an accumulation of adipose tissue in the omentum and abdominal walls of numerous people, the single as well as the married, and males as well as females, as they advance toward the maturity of middle life.

Keep your practice down to a number that you can properly attend; this you can do by rendering your bills promptly, weeding out worthless patients, limiting the distances you will go to practice, declining other than desirable obstetrical engagements, increasing your charges, etc. In refusing to take a case at a distance, or one that is likely to involve you as a witness in court contrary to your wish, or declining an obstetrical engagement, if you are "too busy," or have too many previous engagements, assign that as your chief reason, and adhere to it, as it is the least open to criticism and persuasibility of any that can be assigned.

Unless you have the advantage of direct rapid transit, attendance on patients at long distances has a tendency to derange and diminish your nearer practice, for while absent attending a remote call you may lose three nearer ones, and miss all else that may happen during that time. Nor do distant visits, as a rule, pay in a pecuniary sense, but they do work a hardship to both physician and patient. A few far-off patients will waste more time, break down more horseflesh, use up more carriages, harass you more at unseasonable hours, keep you from bed, and expose you to bad weather oftener, and do more to make your life a hard one and to wear you out, than all your near-by practice combined.

Never offer as a reason for failing to visit a patient: "I

really forgot you"; to forget the sick is unpardonable. I went fishing, or gunning, or was at the theater, or out to the base-ball game, etc., are also very, very poor excuses to offer to those who have needed you in a great emergency.

Gonorrheal and syphilitic cases are not very desirable on any account, except for the fees they bring; they are dirty, ignoble diseases, and rather repel than attract their victims and their friends to the physician who attends them when they require one for other diseases. Accepting them will, however, sometimes enable you to pick up a good, round cash fee.

Even when you are positive that a person has a venereal disease, it is not always judicious to say so, for:—

All truth is not to be told at all times,

and some facts had better be kept behind the screen, and prudence will sometimes require you to suppress your opinion; but at the same time take care to give the proper treatment. Indeed, in practicing your profession, you will see and understand the results of many sinful habits and vicious courses to which you must appear more or less blind.

Be careful that your reputation for special interest in venereal diseases does not overshadow or eclipse nobler kinds, and give you the unenviable title of "P—x Doctor," and entail the social ostracism and loss of practice among the respectable element that would surely follow; or that wonderful success in restoring the menses in females who suspect pregnancy does not bring an extra number of such cases to consult you, and give you the title of "Abortionist"; or that attending an excessive proportion of the sporting, courtesan, and bruiser classes does not give you the undesirable notoriety of having a "fancy practice"; or that perpetual and indiscriminate inquiring about the urine, and having it bottled for you by the wholesale (urology), does not earn for you the easily acquired title of "P—ss Doctor":—

Four lovely berries, all clustered on one stem;

or that a liver hobby, or a kidney hobby, or that the womb or the stomach does not become with you a scapegoat to be blamed for every obscure disease, and earn for you the title of "Crazyologist," and eventually impair your usefulness and injure your reputation as a practitioner.

You will find it much more pleasant and satisfactory to attend in some families than in others. From some you will always receive intelligent co-operation, and they will make charitable allowance for all unavoidable failures or shortcomings, while others will snarl, growl, and grumble at everything, and it will seem as if they wanted to perplex and harass you in every conceivable way, as if their aim is to:—

Keep you in hot water,

and to make you feel that in attending them and theirs you are on trial for your own life.

It is this harassment and continued feeling of personal involvement and the perpetual anxiety, quite as much as overwork, that wears down the health and shortens the life of many physicians. Bear this in mind, and let it be your philosophic rule and determination never to worry much about anything, as worrying does no good.

You cannot be too guarded in asking private questions, especially about diseases of an immodest nature, before people not in the confidence of the patient, unless they are relatives clearly entitled to hear them; in such case, request all, and particularly those of the opposite sex, to leave the room before putting the questions, and even then speak in a tone of voice that cannot be overheard. Be doubly cautious in this respect when your patient is a female, and the questions refer to marriage, menstruation, pregnancy, lactation, uterine affections, constipation, urinary derangements, or other deli-

cate subjects, that her confidential secrets may not be exposed or her modesty offended.

You will also find it judicious to avoid inquiring of a patient in stores or barber-shops, or on the street or other public places, within hearing of others, about his ailments, or those of patients in whom he is interested, unless they can be referred to without the slightest impropriety, and even then speak of Miss L., instead of Miss Lee, or Mrs. M., instead of Mrs. Mason, and of Mrs. S., instead of Mrs. Smith. Many persons are very sensitive in reference to their complaints, derangements, and weaknesses, and captious concerning the time, place, and manner of asking about them.

So far as your influence can prevent, do not allow indiscreet friends or exulting patients to go about over-praising you, and speaking of you as a pet, etc. Inordinate laudation, no matter from whom, is apt to arouse a corresponding dislike on the part of those who deem it either extravagant or misplaced; and such injudicious praise, while well meant, will almost surely become odious to dissenting persons who hear it, react against you and do mischief. It might even arouse the angriest jealousy or hatred on the part of husbands, aunts, lovers, or others. Perfectly pure physicians have actually had to cease attending in families where such jealousy existed, to prevent causing domestic strife and estrangement through the talk of silly women or foolish men.

It is also in bad taste, and even injurious, for the wife, mother, or other near relative of a physician to blow his bugle inordinately by boasting of his great skill, his terrible cases, wonderful cures, etc.; for people very naturally believe such boasting is an attempt to send fish to his hook and grist to his mill. If done at all, it comes with more grace and more force from comparative strangers.

Among your most constantly useful faculties is the power of discovering which are the *ruling spirits* in a family, and

honestly securing their good-will, and keeping them satisfied with your services and your remedies. Also, in knowing the character and importance of those who are likely to show dissatisfaction and to give you trouble if opportunity offers:—

The somebodies and the nobodies.

While making your visits it is better, as a rule, to give attention chiefly to the reports and conversation of the husband, if he be present, rather than to the wife's, and to address your opinions, explanations, and remarks to him, or, in his absence, to whoever is at the head of those whom you meet in the sick-room, and to pay to whoever else may be present only the respect that civility requires, sometimes no more than if they were not present. If you do not do this many sensitive "head ones" will feel ignored and may even get dissatisfied and create trouble for you.

Carefully avoid making confidentials of inquisitive or hostile nurses or other prying mischief-makers, and when necessary to answer their questions, do so in an ordinary tone, and not in seemingly confidential whispers.

When making a professional visit, banish all else from your mind but the case before you; and, no matter who may be present, let the patient, whether young or old, be the central object, and keep your thoughts and your conversation centered on him and his case. Both the patient and his friends will naturally feel more anxious to know what you think of his case, and to receive suggestions and advice for his benefit, than to hear anything else. If the conversation digress to other subjects, take care to change it back to your patient and his case as soon as possible.

Adopt the same precautions during consultations, and keep the conversation between you and your colleague on the case under consideration, and do not allow it to digress to religion, horses, politics, etc.; economy of time, both on your

own and your colleague's account, requires it; besides, if a consultation lasts too long, it is apt either to terrify the patient and his friends, or induce a belief that you disagree, or are puzzled, or are talking on other subjects, either of which may act as an entering wedge to undo you.

Skillfulness in changing or modifying your diagnosis or prognosis is all-important in every case where a change has to be made. One of the greatest of all reproaches to medicine is that it is not an exact science; consequently, the practice of it must lack the element of certainty. Therefore, in prognosticating the probable duration of a case do not too hastily or definitely commit yourself, for whatever prognosis you foreshadow at the outset will, as a rule, be expected. It is only when such prognosis is altered or the case lingers surprisingly long, or complications arise that you were not wise enough to foresee and foretell, or when it assumes a graver form, or the duration which you have assigned is much exceeded, that dissatisfaction arises.

Do not get insulted at the foibles and infirmities and the hasty and angry words of your patients. Do not forget that the sick, unless their sensibilities are blunted by disease, are the most sensitive and the most selfish of mankind; and bear with the rude and discourteous treatment you will occasionally receive from the hysterical and the peevish—with patience down to zero and petulance and nervous irritability up to a hundred—and from the frenzied, the eccentric, the unreasonable, the impulsive, the irritable, the weak, and the low-spirited; and never take anything a sick or silly person says in a paroxysm of anger, or during a period of despondency, or in great pain (or for want of sense) as a personal insult, unless you believe it is deliberately and willfully intended as such; in that case you are in duty bound to do whatever self-respect dictates.

Beware of confidants, and never become so partial to a patient, bosom friends, or anybody else as to make them the

repository of your professional or personal secrets. With our imperfect therapeutical means we cannot always attain perfect results or give complete satisfaction, and some of those whom you have served most faithfully, confided in most, and regarded as unlikely ever to change, will surprise and shock you by turning away and loudly decrying you. Bear the possibility of this ever in mind, and, while seeking to make your relations with your friends and patients cordial, frank, and free, take care to avoid intrusting secrets and making confessions that might be spitefully revealed, or would put you in their power, if a rupture of friendship should ever occur:—

Good friends to-day may be bitter enemies to-morrow.

If you do bring the acid and the alkali together, do not complain if there follows a brisk effervescence.

When urgent necessity or great danger requires, you need not hesitate to do the most menial work for the suffering; but, unless these exist, pulling off your coat or collar, administering injections, giving baths, swaddling newborn babes, nursing the sick, dressing or undressing invalids, or running about the house rummaging drawers or ransacking closets in search of towels, muslin for bandages, spoons, goblets, etc., in the presence of other help, as a servant would, does not comport with professional dignity, and may be quoted as evidence that you are menial, or too familiar and lacking in self-esteem. It is much better for you as the physician to ask for things you need and to let them be brought to you.

To be overassiduous in paying visits when no sufficient cause is apparent, or to be too deferential and superserviceable to those who deem themselves extragood patients, is very injudicious, for, as soon as a good-paying patient conceives himself to be your *best patron*, or that you are cultivating him too earnestly, or are calling oftener than he needs, he is almost sure to undervalue you and transfer his faith to some one else.

Neither let your visits be so short and unsatisfactory as to make people feel they do not get the worth of their money, nor stay so long as to make them wish you would go.

A patient who is improving will generally be satisfied with a shorter visit, a slighter examination, and less attention in general than one who is not, and especially if everything is going so well that, on taking your leave, you can express emphatic satisfaction with his progress.

When a case is obscure or in its initial stage, be cautious in expressing any positive or unguarded opinion; but, in cases where you can safely do so, give free and honest expression to your diagnosis and prognosis. The habit of stating your views candidly will compel you to search for the underlying causes, and to analyze and weigh details closely; it will also discipline your judgment and force you to study your cases, and to attempt a definite, clear, and discriminating diagnosis in each and every case coming before you, instead of examining without thermometer, stethoscope, urinalysis, or other aids, lumping everything under the term "biliousness" (?) or "heavy cold," "heart-trouble," "effects of malaria," "liver complaint," "stoppage of circulation," "grippe," "a complication of diseases," or other ambiguous title followed by prescribing on the blunderbuss principle, that:—

Mixed diseases must have mixed remedies,

after a moment's stare at the face, glance at the tongue, touch of the wrist, and a hasty catechising concerning his most prominent symptoms, without stopping to notice or to study the underlying cause, or waiting for a reply, or to mature an accurate opinion, and away again in a minute, as might be done by incompetents and routinists.

Careless or superficial examinations of patients, inattention to the history of tedious cases, neglecting to give a definite name to diseases, or calling them by wrong ones, or making

light of them at the outset, has caused regret and loss of practice to many, many, many a physician:—

The same old, old story.

Never guess at anything where it is possible to be sure.

Contrary to the popular belief, the art of medicine does not enable you, or any one else, to diagnose positively any of the eruptive fevers until their local manifestations appear. Where obscurity exists or if the symptoms have not developed sufficiently to show what the affection is, state it, for, if you give a positive opinion and it turns out to be incorrect, your reputation will naturally suffer.

When a case is grave, and you are being importuned to say whether you cannot do more, it is sometimes expedient to review the case and casually to mention things not indicated —leeching, cupping, mustard, massage, baths, poultices, mopping or spraying the throat, electricity, x-rays, etc.—and tell why you do not have recourse to them, so those interested may realize the fact that you are wide-awake and have thought of this and that, these and those therapeutical expedients, but have good reasons for not using them.

Never fail to use suitable local treatment in every serious case in which local treatment is at all possible.

Never pronounce any one's sickness feigned or trifling or say that they are exaggerating, unless absolutely positive that it is so; nor make fun of persons for sending for you or being alarmed at what may to you appear trifling ailments or simple growths that "will get well of themselves, or that 'require' no treatment." Also, never joke, talk frivolously, or laugh about patients or their sickness, either in their presence or elsewhere, nor taunt them about the trifling or silly or unimportant nature of their diseases. Some people will smile in silence at your treating their ailments slightingly, while secretly they will feel deeply hurt and resolve never to have you again, or to see

some other physician, or perhaps resort to quack medicines, for fear he too might laugh. Still another reason is that trifling ailments sometimes develop into serious diseases, and simple growths may assume a malignant form, and their becoming serious, or inoperable, or "too late," *through fatal loss of time* in recognizing the true nature of the disease, is very apt to be blamed on the jesting physician.

Never guarantee a cure, or certain success, or a sure recovery, for anything, even a mosquito-bite; guarantee nothing, except that you know your duty and will do it; that if your patients will do their best you will do your best, and leave the result to God. Medicine is not a perfect science, nor is life a definite quantity. When pressed by persons who want the consolation of certainty to say that this, that, or the other affliction is not dangerous, it will in many instances be well to reply promptly: "Of course, no one can say there is absolutely no danger, *because* there is danger in everything and any sickness—even a fly-bite or a pin-scratch—may prove fatal"; that hundreds of lives have been lost when the danger did not seem greater, and tens of thousands have been rescued from danger that seemed more imminent, and that even a well person has no guarantee of life from one day to another. Also remind the questioner that you, although a physician, are but a mortal man, and neither possess supernatural wisdom nor hold the keys of life and death, and have not life-giving power; that your wish and God's will may differ; and that, since medicine is not a life-insuring science, you cannot guarantee that any case of sickness may not take a turn or develop some complication or new symptom and become dangerous or even have an unfavorable ending; then tell what you believe will be the probable issue of the case in question. Remember when asked whether a case will prove fatal to answer that it depends largely on the danger of complications, and that, while every case presents a group of probabilities, it

is also surrounded by a chain of possibilities—and thus leave yourself a reasonable margin for uncertainties.

In giving death-certificates for mania a potu, syphilis, abortion, contagious diseases, etc., beware how you yield to a false tenderness for family affliction, and substitute other pleasanter-sounding terms that may have you brought to account by the health authorities or others.

The laws everywhere confer on physicians honors, immunities, privileges, and judicial powers that are withheld from other classes. You are exempted from military and jury duty, and made an officer of the law over other citizens regarding insanity, vaccination, etc., and your certificates with reference to births, deaths, contagious diseases, inability to attend court, to serve on juries, to do military duty, etc., are everywhere respected, and it is certainly your duty, in return for these unequal privileges, to comply cheerfully and promptly with all necessary restrictions and legal requirements,—to aid, rather than impede, enforcement of the laws.

In giving certificates it is better to say: "In my opinion," etc. Indeed, it is always more prudent and far less pretentious, in expressing an opinion, written or oral, to say: "I believe thus and so," or "In my opinion," etc. The fact that it is your belief or opinion no one can dispute, even though it should eventually prove erroneous.

It is both unjust and humiliating for this or that beneficial society or insurance company to require the sick member's physician to run to some magistrate's office with the "Sick-certificate" he gives to enable the patient to obtain the weekly pittance due him, and swear that it is not false; or to go and make affidavit that the one he gives to a dead member's family to enable them to get their few dollars of "Funeral Benefits" is not part of a swindling conspiracy in which he, the physician, is one of the actors. Our profession is entitled to more respect, and no such rule should be complied with by any phy-

sician of probity and character. Organizations and their agents can and should use some other method to satisfy themselves.

Be exceedingly cautious in giving certificates of insanity to consign persons to insane-asylums, and never yield to the importunities of mistaken or designing persons and be guilty of the cruelty of depriving a fellow creature of his rights, liberty, and property because he has mild or temporary insanity, is curiously eccentric, or entertains some harmless crotchet, as, for instance, that he is a grandee, or that his legs are of glass, or that some lady of high rank is in love with him, while in all other respects he demeans himself and manages his property rationally. Be careful to distinguish between the really insane as contemplated by law and those who are only seemingly so. Dissenting friends sometimes give great trouble to accommodating physicians in these cases. Refuse to give certificates in all but clear cases, and keep a memorandum of all the facts in each. Indeed, it is well to have a box or drawer in which to keep all letters and other evidence, or proof that you may in future need in litigation or disputes of any kind. Be very guarded in this respect, when called as a witness in Will-cases, Suits for Divorce, etc., with a view to protect yourself, and may be others, against traitorous friends or designing enemies.

Rancorous feuds and venomous contests among those interested in wills, estates, money from life-insurance, etc., will occasionally arise and show you how selfish, and bitter, and mean, and unscrupulous mankind can be over dead people's old clothes and their dirty dollars:—

Gold begets in brethren hate,
And gold doth friendships separate.

In all such disputes, court contests, and family wars carefully avoid entanglement.

Never conceal the presence of a contagious disease from

those around who are liable to contract it, or misrepresent smallpox as "measles," or cholera as "intestinal catarrh," or yellow fever as "the bilious," etc., as has been done, or you may very justly encounter the condemnation of the community at large. When your opinions concerning the presence of or danger from cases of infectious diseases (smallpox, scarlatina, typhus fever, etc.), and of their origin here, there, or in the other place, from local or domestic causes, militate against the wishes or money-interests of hotel-proprietors, store-keepers, boarding-house mistresses, etc., your views will, in all probability, be met by their opposition. In such event, do not allow yourself to be browbeaten into allowing any one grossly to violate the laws relating to the public health, by keeping the presence of contagious disease secret at the public risk. The health of the people is our supreme law, and your duty to the healthy is quite as great as to the diseased. Indeed, the protection of the public health is of far greater importance than the well-being of any one person. When, therefore, these or other dilemmas of any kind present themselves, anywhere or at any time, adopt Davy Crockett's wise motto:—

Be Sure You Are Right, Then Go Ahead.

Be careful to prevent children in whose family any contagious disease exists from strewing it around by attending school or otherwise mingling with those liable to contract it from them, and at the same time insist upon visitors being excluded. Take care also that its presence is not kept secret through you at the public risk.

Never say or do anything that will make people believe that you are just from a case of smallpox, scarlet fever, measles, etc., or that you are attending any contagious disease whatever, for, in the event of its occurring among those whom you have unwisely told, blame will certainly be attached to you as having been the cause. If your practice is so full of

such cases that you must tell it at all, tell the health authorities; indeed the public good requires that you do this anyhow.

After visiting contagious diseases take care to disinfect your clothes by walking or riding in the open air; also wash your hands with disinfectants, or with very hot water, or, if these be not at hand, hold them well over the fire; and, further, if necessary take a warm bath or a Turkish bath. Even then, when you go forth, act discreetly and hold your tongue on the subject.

Insistently oppose the conveyance of diphtheria, scarlet fever, measles, smallpox, cholera, yellow fever, typhus fever, and other contagious diseases, in hacks, cars, and other public vehicles, and, if private ones are used, give specific instructions for their subsequent disinfection. Protest, also, against the attendance of outsiders at the house or the funerals of persons who have died of such disease, and insist on the imperative moral obligation that infection from the dead must not be allowed to imperil the living. Make it your duty to enlighten the public on this and other kindred subjects!

Never keep a tongue-depressor for indiscriminate use, for, irrespective of the disgust that sensitive patients would naturally feel at having an instrument put into their mouths that had served a like purpose in hundreds of others, it might actually convey the germs of syphilis, diphtheria, etc., from one to another, and render you liable to grave censure. When you wish to examine a throat at the patient's home, it is better to ask for a clean spoon than to take a tongue-depressor or spatula from your pocket and excite the patient's aversion and a lively curiosity among those around to know upon what kind of a case it was last used. At your office a clean, white, ivory paper-folder, kept lying on your desk, not only serves its usual purpose, but also answers very well for ordinary examinations, does not create disgust, and is easily sterilized.

Lend a helping hand to aid a surgical colleague, an emi-

nent professional friend, or a scientific superior, when he has cases requiring it; also unite your friendly assistance with any member of the profession where humanity requires, or in cases that will either give you knowledge that you specially desire, or increase your reputation in a specialty in which you are interested; but be careful how you lend yourself as a jump-jack to bungling practitioners who would *use* you as a handi-craftsman for their own benefit and repute; or run about assuming half (or all) of the responsibility in cases of fracture, wounds, luxations, etc., for third- or fourth- rate Sir Astley Coopers, or administer chloroform, hold instruments, thread needles, use sponges, etc., for Dokter Peckaboo or Perfesser Rainbowe, in their ambidextrous hacking and hewing, cutting and slashing exploits:—

Whose right hands knoweth not what their left hands doeth,

—doing excellent things badly and bad things excellently—unless you are compensated for the work you do and for the responsibility entailed; otherwise they should be heedfully avoided, for not only will they never be of any solid benefit to your reputation, either in the eyes of the public or of the profession, but bad results in cases to which you are carried to assist the hero tend to depreciate you and to do you harm. If you have ambition to do something yourself, it is far better for you, as an aspirant, to come out and stand before the world for better or worse, on your own foundation, for:—

What we *do* ourselves is ours.

Preaching morals to dissolute patients seldom effects any practical good or makes the vicious virtuous, because moral distempers are usually too deeply rooted to be overcome either by remonstrances or by an appeal to the feelings:—

As well talk to the wind as to those who care not to mend,

for few will hear and fewer heed; but you often can, by earnest,

truthful advice and explanations, reconcile the estranged and calm the angry, and turn one drunkard in twenty from his path. You can also, by appeals to their sense of preservation and their fear of physical consequences, exert great influence upon patients who are being injured by tobacco-chewing, cigarette-smoking, tippling, feasting, abuse of coffee or tea, dancing, taking quack medicines, going to fortune tellers and to spiritualists' meetings, keeping late hours, carousing, sexual intemperance, the use of cosmetics, novel-reading, and other things that provoke or render them liable to disease. Your injunctions in regard to weaknesses, follies, and errors, and the benefits of methodical habits, imparted at proper seasons, and stating only facts, will be received as tokens of friendship, will be respectfully and attentively listened to, and will frequently be strictly obeyed. You will also often have it in your power to prevent family discord, and to heal neighborhood feuds and otherwise do a world of good.

The cigarette can enslave as completely as opium, cocain, or alcohol, and the danger of using it lies not in physical injury from the cigarette itself, or the quality of tobacco in it, but in the risk of forming The Cigarette Habit, which dominates both mind and body and must be gratified before or amid all else, which is not so with the pipe or cigar.

When tipplers tell you that they intend to "swear off" for a definite period, advise them, instead of swearing off, to pledge their word neither to treat any one nor allow any one to treat them to liquor during the prescribed period. Such a pledge is more manly and more apt to be observed:—

Eggs and oaths are easily broken.

Treating and the treater make seven drunkards in every ten.

The various quack bitters heralded forth as "a wonderful discovery" are almost invariably some vile compound of bad gin, bad rum, or bad whisky with a few "yerbs" thrown in,

and are the origin of much drunkenness; you should point out the various tricks and the dangers and condemn their use. Truly might Slave-driving, King Alcohol exclaim:—

Not even Hell, with all its power to damn,
Can add one curse to the vile thing I am.

If a person is determined to take alcoholic stimulants, advise him to take them "barefooted"; then he will know what kind and how much of it he is taking.

A word about photographs. If you adopt the habit of presenting your photograph to every one enamored of your professional skill, or of your manners, good looks, style of dress, etc., it will be the cause of many awkward dilemmas. You will learn by melancholy experience that the minds of men (and of women, too) are subject to rapid changes:—

The point of view alters the effect.

Patients who would swear by you one week may swear against you the next, perhaps charge that you have maltreated them, killed their children, crippled their wives, or done something else equally horrible.

Let this possibility be ever before you, and don't look for medical gratitude and you will be saved many a pang. People who would regard your photograph, autograph, or biograph with highest esteem this month or this year would tear it down or give it to the hangman the next. Trifles light as air will sometimes detach whole families from you; a whim, or a fancy, or failure to do an impossibility will sometimes break links that have been forming for years; indeed, even old patients whom you have served faithfully and well through cold and heat, darkness and light, rain and sunshine, will drop or dismiss you, when they get ready, with less ceremony and less regret than you would an office-boy or a hostler.

CHAPTER FIVE

A mind fraught with integrity is the most august possession

HAVE and show proper respect for religion. Your profession will frequently bring you into contact with the clergymen of various denominations. Do right, and you will not only find in them firm friends, but also your chief supporters in many of your most trying cases. The ministrations of a cheerful, discreet, and pious clergyman—the Messenger and Servant of the Most High God—who:—

With a face like a benediction,

confines himself to his true vocation—*i.e.*, healing the maladies of the soul, applying salutary balms to the wounded conscience, binding up the broken-hearted, and comforting those who mourn, with remedies prescribed by:—

The Hand that hung the sun in the sky,

are sometimes more useful to a suffering and depressed patient than medicine; and, even in cases in which death is near and inevitable, calm resignation often takes the place of despondent fear and apprehension when the invalid is skillfully informed of the probability of death and of God's favor and friendship. In fact, when cheered and sustained by the solemn and mighty truths of religion, and impressed with the belief that, whatever may occur, they are in God's hands, many of the care-worn and soul-sick show as little dread or horror, upon being gently apprised of their near approach to eternity,

as a traveler does when about to start on a pleasant journey to see and be with others as dear to him as those he is about to leave behind, and go where:—

> **Sickness and sorrow, pain and death,**
> **Are felt and feared no more.**

When summoned to attend cases of angina pectoris, aneurism, organic heart disease, desperate injuries or wounds, paralysis, or other serious injuries and diseases that create liability to sudden death, prudence may require you to conceal from the patient the danger of death, lest he at once lose all hope and be overcome by grief and despair, which may exercise a harmful, or possibly a fatal, influence; these may even make mild diseases dangerous in persons of a nervous constitution. In such cases, however, take care to give timely warning to those chiefly interested, and never deceive them willfully, and never, so far as it is possible to avoid it, let any fellow creature —high or low, rich or poor—pass away from life without your making the probability of such an event known to his relatives or friends.

Be also exceedingly careful in talking before children sick with scarlatina, diphtheria, rubeola, etc., of the danger of complications, or of their illness being serious or dangerous, and never terrify them, when they are to be operated upon, by loud preparations and an awful array of instruments; also take care to banish from their minds the fear of hydrophobia, blood-poisoning, lockjaw, etc., for many children realize the meaning of death, and giving their cases such frightful importance would tend to terrify and depress them. Be alike cautious in speaking within hearing of patients who seem to be sleeping, drunk, semicomatose, etc. A person is not always asleep when his eyes are shut.

In this world of short meetings and long farewells it is just as natural to die as to be born, and every one's exit must

come sometime; and, although you can neither see what is written in the Book of Life nor detain the soul when summoned by the icy angel, you will sometimes have cases in which you will seem to be vainly fighting death itself, and yet, to your astonishment, see the patient recover as if by resurrection; and, on the other hand, you will often discover that the patient has almost entered the gates of death, while friends around believe that he is getting better, until your knowledge enables you to detect the gloomy fact. Be prepared, therefore, for such incidents.

In serious illness you can very properly prepare the way for the introduction of the clergyman, but you should never attempt to thrust your religious beliefs or disbeliefs or your political opinions upon patients who hold opposite views. Your specific duty is with the patient's body, and it is really no part of your duty to proselyte or to administer to the religious cravings of the sick. Every sect has a clergy of its own, to teach religion, to soothe the parting moments of the dying, and to make the sad event a useful lesson to the survivors, and to these you should leave the spiritual work. We are the physicians of the physical body, the temporal life; they are the physicians of the soul, of the eternal life. Do little or no theological talking or teaching, and, for the sake of your own spiritual decency, advance nothing that you do not yourself believe, that your lips may remain unaffected and your soul unspotted. Veil your own views and confine your ministrations to the worldly welfare of patients, and never obtrude anything in religious matters that involves a creed antagonistic to that of the sufferer, and never belittle anything theological that your patients earnestly and honestly believe.

The momentous question of eternity is certainly more important than the transitory things that belong to earth; therefore never disregard the feelings that may agitate and distract the souls of your patients, and be ever ready not only

willingly to permit, but, if need be, to advise, them to have spiritual comfort, and to get all the help and consolation that religion can furnish:—

O little town of Bethlehem,
How still we see thee lie!

Religion is a vital aid to humanity, not only hereafter, but here; indeed, the presence of religious faith pointing to a life of blessedness and immortality is a power that can assuage the keenest sorrow and the greatest suffering, and also make the avenues of death smooth and pleasant:—

And hope, like the rainbow of summer,
Gives a promise of Lethe at last.

And if any physician does not recognize this, or if he feels contempt for religious practices, or speaks slightingly of religious beliefs, he lacks the true power of observing and the A B C of moral philosophy:—

By many a death-bed have we been,
And many a sinner's parting seen.

Your own eyes will see many a poor, sick, woe-worn, despondent, and broken-hearted creature calmed in mind and soothed in body by its comforting and cheering influence, and aided by it to get well, if his ailments are at all curable; and if incurable, his spiritual wants being supplied by the blessed Bible promise:—

These ruins shall be built again,
And all this dust shall rise;

and by the mention of the Saviour's name, and the voice of prayer to a Benign Father, he gets unfailing faith, patience, resignation, and hope from it, is prepared to hear the worst, and becomes willing or even anxious, for the hour when he shall let go the partnership between the body and the soul, and soar away to join the choir invisible:—

A gentle wafting to immortal life.

Besides, one who has strong religious consolation is more likely to survive a severe disease and go on to longevity than one who has not, for:—

Hope is the pillar of the world.

The agonized face and the involuntary, automatic agitations and seemingly anxious movements unconsciously made by many of the dying are popularly supposed to be attempts to communicate some remaining thought, or secret, or special wish before death. In such cases do not fail to explain to those around that kind Providence has mercifully banished consciousness, and drawn the veil of unconsciousness around the dying one, making him insensible to suffering; then, though still struggling, the merchant has forgotten his ships, the miser his gold, the millionaire his possessions, and the beggar his poverty. For, when sensibility and consciousness are extinct, suffering is impossible:—

Then all are equal, side by side:
The poor man and the son of pride.

The act of dying in itself is usually painless, and the last stages of painful affections are, as a rule, less so than those that precede; but the dying struggle, though not felt by the unconscious patient, is often distressingly hurtful and harrowing to all who witness it and hear the touching lamentations of those around:—

Oh, God! it is an awful sight
To see a human soul take flight.

In sudden and dangerous illness you should be especially careful to give timely warning of it to all such as have business of vital importance to transact, and also to those who have the most interest at stake; for instance, friends may have to be summoned, highly important wills executed, and other urgent business arranged, and, more important still, the sick one whose whole past may have been of the earthly, may also wish time

to reflect on his awful situation and, above all else, on the great affairs of eternity, and to set his spiritual house in order.

In an adult with almost any sickness you can safely predict that a hearse will be at his door in a few days at farthest after failing of the heart has gradually increased the pulse to 160. Also if, after wounds or in acute sickness, he emaciates to two-fifths of his usual weight.

If you will observe closely, you will find that when an ill patient becomes fully and firmly impressed with the belief that he will die, he is extremely apt to do so.

Respect the religious belief of each and every patient; and, as Roman Catholic patients are encountered in every community, it is well that you, as a physician, whether a Catholic or not, should be familiar with the following duties required at the hands of a physician by Catholic patients:—

When in attendance on a Catholic patient, be especially careful, when danger appears, to tell the friends, without delay, that they may summon a priest to give the sufferer the last sacraments. This is a moral duty, and if you ever neglect it you will lose both their practice and their friendly influence.

One of the seven sacraments of the great Church of Rome is Extreme Unction. It is believed to purify the soul of the dying from any sin not previously expiated through other sacraments, and to give the sufferer strength and grace for the death-struggle.

The Roman Catholic Church teaches that moral responsibility begins at the age of reason; therefore Extreme Unction is necessary for all who have attained that age.

Extreme Unction is given but once in the same illness, but if the patient has recovered and shortly afterward has the same, or any other kind of dangerous sickness, this sacrament again becomes necessary.

Another of the seven sacraments of the Church of Rome with which you should be familiar is the Holy Eucharist.

The Holy Eucharist, sometimes called the Wafer, is believed to contain Christ's whole being: his body, soul, and divinity. It may be administered frequently in all cases of sickness in which the patient is confined to the bed or to the house for any length of time, provided he has sufficient consciousness to make a full confession.

If the nature of your patient's disease is likely to render him unconscious, be careful to inform the family of the fact beforehand, so that the clergy may be sent for and the confession be heard and the Holy Eucharist given before the reasoning powers are obscured.

Those who are to receive the Holy Eucharist are required to fast, if possible, from midnight until they have received it; but, if you believe that your patient's being without food or his medicine would be detrimental to his welfare, the clergy should be informed.

Where there is excessive nausea and vomiting, the Holy Eucharist is either not given at all or given in the smallest quantity. To expose it to being vomited is a great irreverence.

Be also equally careful in Catholic families to administer, or have administered, conditional Baptism to all children during or after birth, when there is the slightest reason to doubt their viability. The following are the conditions and details of conditional Baptism: You, or any one else, whether a Roman Catholic or not, are allowed to administer it. A male adult is preferable to a female, and, of course, a Catholic, if one is at hand, to a non-Catholic. The Baptism is administered as follows: After procuring a glass or cup of clean water (spring-water is designated, but hydrant-, or pump-, or any other kind of true and natural water will do), in a suitable manner say: "I baptize thee in the Name of the Father" (precisely at the word "Father" *pour* a small portion of the water upon the child's head; then continue) "And of the Son" (at the word "Son" *pour* another small portion; again continue) "And of

the Holy Ghost" (and at the words "Holy Ghost" another small portion). The Baptism is then complete.

In Baptism every word must be uttered; were you to omit even an "of" the Baptism would be insufficient. The water must be true and natural, and must be poured exactly while the formal words are pronounced.

So very important are these details that if you arrive after a midwife or other person has baptized the child, carefully ascertain whether she has observed the full form and used accurate language. If not, and death seems impending, you should baptize it again. In such a case of doubt it is necessary to preface the formal words with, "If thou art not already baptized, I baptize thee," etc.

If in a midwifery case the child of Catholic parents is believed to be in danger of dying it must be baptized. If it is partly born, baptize on its head, if the head is presenting; if not, upon the hand, or foot, or any other part that is born. If no part is born, and you can reach the child through the vagina, the water must be applied to such part as can be touched. In all cases of unborn children preface the regular form with the words, "If thou canst be baptized, I baptize," etc. In such a case apply the water to its body with a syringe, or by any other means by which the water will remain uncontaminated till it touches the child.

In Catholic families you will run great risk if you use the obstetrical forceps before the child has been baptized, for, if this duty be neglected, and the child be born dead, you will not readily be forgiven.

Remember that it is better that a Catholic patient should be thrice prepared and not pass away than to go unprepared; therefore, if you err at all, let it be on the safe side.

You can gauge the mental strength and power of the sick much more accurately by propounding two or three simple sums than by a dozen replies to ordinary questions. Who is

this? It is Willie. Do you want a drink of water? No or yes, requires but little mental capacity; but, Tell me how much is two, four, and seven? or, How much change should one who owes thirty-nine cents get from a dollar? or, If a merchant has thirteen ships, loses eight of them, and buys five new ones, how many will he then have? Each of these questions requires both mental strength and mental capacity to answer.

It is very much better for you to decline to leave your sphere as physician to become a witness to sick people's wills, and especially in cases in which there is any doubt of the mental capacity of the testator; and determinedly to refuse to take part in, or in any way interfere with, the settlement or division of the estates of those whom you have professionally attended, about which disputes may arise, as you might thereby incur the charge of misusing the opportunities afforded you by your position as a medical attendant. If, however, a generously good patient whom you have served long, successfully, or faithfully, chooses to remember you in a corner of his will, if it is done without your connivance, it will be both lucky and legitimate. In no case be a witness to, or executor of, a will when you are made a legatee or heir, as any legacy or pecuniary interest therein devised to you will be void.

When attending very serious cases, be careful to exhibit proper earnestness and gravity, and never try to excite hope in cases that are hopeless, or obtrude the cry of "improvement" when you don't see any. If, moreover, a very ill, sane adult really wishes to know his real condition—whether he is in great danger or likely to die, and plainly asks you the question—tell him frankly and truthfully that he is an awfully sick man, and state fairly and fully the grounds on which your opinion rests, and thus relieve yourself of the responsibility; but try to couch your answer in kind and gentle language, so as not to appall and depress him by taking away every hope and substituting nothing but despair. At the same time, in

expressing your opinion, give him all the assurances and sympathy you honestly can, and if you know anything favorable, either in his physical or spiritual condition, mention it as a solace. In anticipation of such painful incidents, it is well to arm yourself with consolatory words and advisory thoughts adapted to the person and his case.

You are at liberty to be silent or to say but little regarding the nature or degree of any patient's sickness; but, of course, let whatever you do say, whether much or little, be conscientiously truthful.

When you can give a good cheering prognosis, it will naturally impart both mental and physical benefit to the patient, yet you must not, cannot, put a deliberate falsehood in the place of the truth, not even when attending the sick and dying, for, neither as a man nor as a physician, can you, under any circumstances, sacrifice principle or honor, or violate truth or probity for expediency, especially to any one in a terrible and trying situation, for:—

Truth and probity are our jewels.

But you can, and must, as far as possible, soften the truth and blend it with feeling and sympathy.

You will find few who have the heroic fortitude or the submissive resignation to enjoy their remaining days after being told that their cases are incurable; be cautious, therefore, not suddenly to cut off all hope, even from those afflicted with lingering affections—tuberculosis, cancer, Bright's disease, and other maladies in which death approaches slowly like a creeping shadow—knowing that persons with such afflictions have plenty of time while sinking away—the body growing thinner, the eyes dimmer, cheeks paler, pulse quicker, breath shorter, limbs weaker, vitality and all else lower and on the wane—gradually to realize their true state as they sink down, down, down:—

Like a lamp with a short wick and less and less oil to feed it.

Do not boastingly tell these how many you have attended who died of the same disease, or give a merciless prognosis, containing, like a felon's death-warrant, neither hope nor encouragement, unless you are prepared to be replaced by Professor Bigsmoke or Dr. Rosyview, to whom:—

All things are possible,

or an oily-tongued Quack, who, unless by reopening the door of hope, can do no greater good than yourself.

An imprudent or ill-timed remark, or one that is:—

Brutally frank,

may destroy life when buoyed-up hope would preserve it. To tell a nervous patient that he has a grave-yard cough, or that he will never see spring again, or that you would not have his throat (or heart, or lungs, or liver, or kidneys) for a thousand dollars, would add the depressing effect of despair to the lowering influence of the disease, and could not fail to lessen or destroy his resisting power, and either work serious injury to his case or murder him by inches.

You may often prevent despondent and anxious patients —whose pulse or temperature has grown worse, or whose diseased lungs, heart, etc., you are examining—from asking you inopportune questions that would necessitate a blunt disclosure of your gloomy prognosis, by having ready on your tongue's end questions regarding their appetite, sleep, state of the bowels, or something else to ask the moment you finish listening, counting, examining, or testing, thus allowing no period of solemn silence, and so, temporarily at least, no chance for unwelcome questioning as to what you find or think, or to learn what your thoughts then show. Be prepared, however, for such at a later time.

You will have to do not only with sickness, but the

sick; not only with death, but the dying. It is, for several reasons, better never entirely to abandon a patient with consumption, cancer, etc., even though he be incurable, or in the last stages; on the contrary, keep him on your list and visit him at least occasionally, not only that you may give him all the comfort you can by suggestions for the relief of pain and mental anguish, but also that his relatives and friends—present and absent—may have the very great consolation of knowing that their loved one will receive all necessary professional care and kind attention up to the very time the dark curtain falls.

In every stage of your career aim to convince the world that you, as a physician, are an apostle of hope:—

White-handed hope, the hovering angel, gilt with golden wings,

of faith, of sympathy, of comfort, and of relief, and that your profession is not in league with the grim forces of death and mourning, but that, on the contrary, all its emblems are characteristic of health-giving and life-restoring power. Neither Æsculapius nor his blue-eyed and rosy-cheeked daughter Hygeia is represented as in tears, with the habiliments of mourning; but, instead Æsculapius is armed with serpents, the symbol of wisdom and convalescence, and Hygeia is bestowing warmth and succor: beautiful symbols of health and preventive medicine, showing that:—

The shield is nobler than the spear.

Remember that Old Mr. Death is the physician's great antagonist, and that when he defeats your wisest efforts and extinguishes the vital spark your duty ends. Do not, then, essay to offer up a prayer, or make a prolonged stay to curb the lamentations, or to administer nervines to relatives or heart-broken friends, nor volunteer for such services as carrying messages, going for the barber, or the undertaker, tele-

graphing or telephoning, etc., but at the earliest fitting moment quietly withdraw.

Leave to the undertaker the laying out and the application of preservative fluids to the face and body of the deceased; and comforting the aching hearts, calming the heaving breasts, and wiping away the tears of sorrow to relatives and friends.

Abstain, also, from visiting houses of mourning to view the dead (unless from professional necessity or manly duty), and, except when it is absolutely necessary, even avoid attendance at the funeral services of deceased patients or following their bodies to the grave.

More especially refrain from writing apologetic letters to the bereaved, expressing self-reproach for failing to recognize this, that, or the other fact, or regret at not having followed a different course of treatment, pleading extenuating circumstances, and asking forgiveness. If there are facts in connection with any case that call for an explanation, or any misconceptions to rectify, find occasion to do so verbally.

Ours is a checkered life. We look upon humanity in all its varieties—and are necessarily familiar with many of the most humiliating and revolting phases of human life: black eyes, rags, hunger, dirt, vice, dishonor, meanness, and trickery of every description:—

A great moral menagerie,

the white and the black, the mean and the meaner, the putrid prostitute, the rascally outlaw, the swaggering rowdy, and the depraved reprobate who exhibits a:—

Total eclipse—

the sneaking thug; Swearing Joe, Thirsty Jack, Tough Tillie, Hungry Henry, and Joking Jim all uniting to prove that:—

Those who have a common quality ever seek their kind,

Vulgar Sally, Belligerent Ben, and Blackleg Tom; sin in

satin, vice in velvet, and other marvels of degeneracy, yea:—

Characters for any novel,
Villains for any play;

will each and all be represented in the Babel of your practice.

Attend anybody if you must, even the lawless, the wicked, and the vile in haunts of idleness and in dens of sin, partly because your mission is to all sick people, wherever found—the vicious as well as the virtuous; and also because:—

He is my friend that grindeth at my mill;

but, as far as possible, avoid disreputable places and the incurably wicked, and do not be "hail-fellow well met" with Don't-care-a-d—n kind of persons, in whom the moral thermometer registers low, ready to:—

Lie, cheat, bribe, steal, or thrust orphans out of doors,

as they are more likely to prove a curse than a blessing; nevertheless do not hesitate to do your duty to any and every suffering fellow creature:—

Whether Pharisee, Sadducee or Philistine,

or however low in the scale of humanity and morality, because every sick man is our brother and every sick woman our sister. At the same time remember that neither Samsons nor Delilahs respect the physician who does not respect himself, and take care to treat all such with ceremonious politeness.

Avoid all such deceptive tricks as to assure a timid patient that you will not lance his boil, but merely wish to examine it, and then suddenly do what you assured him you would not attempt. Veracity should, in all the situations of life, and under all its circumstances, be your golden shield.

Endeavor to acquire and maintain a proper professional influence over all your patients, for unless you enjoy their

confidence and respect you will have to contend not only with their physical ailments, but also against the mental and moral.

You will often find yourself attending patients long after you would gladly cease to do so, and will get into many an unwelcome case from which you cannot get out. Of course, you have a perfect right to relinquish attendance on any one when you find your interest, reputation, self-respect, limit of endurance, or other valid reason requires it. It is better, however, to decline undesirable cases at the first interview, on the plea of press of other work or of having too many other engagements, than to take charge and thus involve yourself and afterward relinquish or neglect them.

A patient has a legal right to dismiss you from a case, but you can very justly expect that it shall not be done without cause or without reasonable courtesy and explanation. You also have a perfect right to relinquish attendance upon him at any time, for reasonable cause, provided it be done decently and in order. Indeed, you may sometimes find yourself so hampered or harassed or badly treated in a case that either formally to retire from it or discontinue your visits are your only alternatives. When, for any reason whatever, you quit a case, take care to give timely and formal notice to the patient, or to the person or persons chiefly interested, and make sure that your withdrawal is fully understood, thus ridding yourself of responsibility for all subsequent occurrences.

When you find it necessary to withdraw from a case, endeavor to do so in a courteous manner. Such withdrawal does not necessarily make it incumbent on you to break off all friendly relations with the family.

Never refuse to rise from bed to pay necessary night-visits to acceptable patients; to do so would not only subject you to the poignant reflection that you had been recreant to the call of duty, but would also be unjust, in that it would put your duty on some other physician, and by delay cause the

patient unnecessary suffering or possibly death; or it might even drive the messenger to a pharmacist for advice and medicine, or necessitate the calling in of an Irregular or other undesirable person in the emergency. If, however, you make it a rule to charge full night-visit fees for all visits made after bedtime, you will be spared much loss of rest and night-exposure; by calls to run here or hurry there on wintry nights, or before breakfast, because some one has sneezed, or to attend to other needless and harassing demands from frightened ailers, who fancy they are about to die, and from others who could have sent at a more seasonable hour. Unnecessary night-visits rob a physician of necessary rest, and, even if they do bring extra fees, if your life is a busy one, they afford no fair equivalent for the risk to health and loss of sleep.

Be exceedingly cautious in accepting degraded or vicious patients, to be visited clandestinely, "by the back stairway" or with "rubber shoes," and in having married women or young females consult you under false pretense at your office—especially if it be for secret diseases or vaginal examinations —without knowledge of husband, parents, or guardians. Also be wary about attending patients suffering from the effects of intemperance, venereal disease, etc., under pretense that they have other than their real ailment, with the view to screen them, by falsifying to their friends or relatives.

Do not overvisit your patients, and be especially careful to pay very few visits to those with trifling injuries, uncomplicated cases of measles, mumps, whooping-cough, chicken-pox, and other ordinary cases in which sudden dangers are not expected. People observe and criticise a physician's course in such cases, and, if he seems overattentive, they are apt to believe either that they are sicker than he admits or that he is prolonging the case and running up a bill *unnecessarily*. It is sometimes an extremely delicate point to decide

whether a patient needs another visit or not, and when; whether the case is of a kind in which changes are likely to be sudden and unfavorable or not:—

Good judgment is a great gift.

You must also study the art of knowing the proper time to cease attendance in different varieties of cases, and of satisfying the patient and his friends that you are simply intent on fulfilling your duty. Experience should soon enable you to act correctly in all such matters.

As most people dread the expense of professional services and excessive attention, numerous visits, and repeated changes of treatment are rarely appreciated, and the physician who makes but few visits and yet cures is naturally popular with them. If you can acquire this power and gain the reputation of making no unnecessary visits, it will be regarded as a special feature in your favor, and will almost double your practice. A good rule, and the only proper one, is to visit your patient when, and only when, you conscientiously believe it to be necessary, whether once a day or once in seven days. Never go several times a day to observe the variation of symptoms or effect of treatment without pointing out the necessity for it. One of the evils of frequent visits is, they are apt to lead to too frequent change of medicine.

Do not mix professional and social visits together; go either as a physician, and be one; else go as a friend; and, above all else, avoid running in to visit patients unnecessarily because you "happen to be in the neighborhood." If you visit Mr. Tightfist or Mrs. Squeezepenny on such a pretext, and charge for it in their bill, you may be sharply criticised for making obtrusive visits and forcing unasked services, and even have your bill disputed. On the other hand, never visit a seriously ill patient so seldom or so irregularly as to lose sight

of the details, or induce a belief that you are neglectful or indifferent.

A few well-to-do or overanxious people will form an exception to this rule and insist on your visiting them more frequently than is necessary, so as almost to live at their house during sickness, to observe progress, instruct attendants, etc., regardless of the additional expense; and, of course, you should gratify them, provided such attendance does not interfere with the fulfillment of your duty to other patients; but at the same time, if other than the patient himself will have to pay the bill, the person responsible should be incidentally informed of the reason why the frequent visits are made and of the extra expense entailed. Then whatever is done he sees with his eyes open.

During these frequent visits do not unbend and become "a friend of the family," but remain a kindly physician only, maintain a professional attitude, and avoid the habit of digressing from the patient to politics, religion, the fashions, or other current topics; otherwise, he and his friends will be apt to know you too well and lose confidence, after which the mental effect of your visits will be lost; you will be shorn of your influence, receive scant courtesy, and scarcely be honored or welcomed at your subsequent visits.

When visiting a patient always let it be known whether and when you will visit him again; this will not only satisfy him, but prevent all uncertainty, and relieve his anxiety and expectancy of "The Doctor's Rap." Remember that to judge the changes or progress of certain cases it is better to visit them at different periods of the day, or even at night, while others should be seen as nearly as possible at the same hour each day. When a case has so far convalesced as to make frequent visits unnecessary, and yet improves so slowly or irregularly as to make you fear an arrest of improvement or a relapse, it is better to keep an eye upon it by looking in

occasionally, for the treatment of convalescence is often highly necessary for both him and you—and letting it be known when you will call again, with an understanding that if, meanwhile, the patient becomes worse, or, on the other hand, if he gets so much better as to render your promised visit unnecessary, you shall be notified thereof. This plan is, for many reasons, better than keeping them in doubt or quitting such cases more or less abruptly.

The old, chronic cases that beset our paths often do us great injury, for among the surest fruits of neglecting them will be the speedy employment of quack medicines, or the entrance of an Irregular or a charlatan, whom some busybody has pressed upon them during your absence. It is very mortifying to drop in to see a patient, after prolonged neglect, and find a big bottle of quack medicine, or a vial of pellets, or two glasses of tasteless fudge, or some Faith Cure or Christian Science literature on the table beside him, and then to hear this or that story why they changed. When you first encounter a case already chronic, be frank and candid as to the time required, and as to the prospects of cure, and use no disguise or equivocation, and make no rash promises.

To evince earnestness and personal interest in your cases are potent master-qualities that inspire confidence and respect, and are often readily accepted in lieu of superior skill. Seek, therefore, to imbue your mind with a feeling of genuine interest in your cases, and you cannot fail to show it in a thousand ways. But to show interest you must feel it. It cannot be counterfeited.

Make it a study to remember well all that is said or done at each visit, so that all you say and do may be consistent throughout the case. Also take care neither to betray a want of memory nor a lack of interest, for were you to ask any one: "What kind of medicine did I give you last?" or even hesitate in ordinary questions, he and those around would at

once notice it, and suspect that you either felt but little interest in the case or suffered from a bad or failing memory:—

Memory is the first faculty that age invades.

Every one likes to believe that his physician is treating him by some regular plan rather than firing at random, more especially in diseases that are believed to depend on the blood or on any peculiar diathesis.

Study to make your address and manner such that patients will not hesitate to open their hearts and impart to you the nature of their sorrows and the seats of their physical infirmities as fully as the pious Catholic would confess sins to the Father Confessor. One of the greatest drawbacks to many physicians is that they fail to inspire complete confidence, and consequently patients neither intrust them with the secrets of their folly, misfortunes, or wickedness, nor consult them in afflictions that create hesitancy or shame.

Earn the reputation of being a discreet man. Have little or nothing to do with your patients' family squabbles or with their neighborhood quarrels; and do not let your wife or any one else know your professional secrets, or the private details of your cases, or too much about the methods or instruments used in their treatment, even though they be not secrets. No person likes to have his foibles retailed around from house to house: what *he* said in his delirium, or how *she* shrank from leech-bites; how *she* "cut-up" in her labor, or talked while under chloroform or ether, or how *he* gagged at a pill or a dose of oil, or to have other whims, notions, or infirmities exposed. Far better to forget that such things have occurred at all.

The suspicious public labors under the impression that physicians who allow their wives to ride around with them while making professional visits relate to them whatever has transpired during the visit after they drive away. Such, of

course, is not the case; nevertheless, if people think so, the discomforting thought is the same whether it be true or not.

There is no end to mortifications, compromises, and estrangements into which a physician's prying and babbling wife may lead him by her tittle-tattle, about "The Doctor's Patients," and there is nothing more mortifying or vexatious to the feelings of sensitive people than to hear that the details of their cases are being whispered about, as coming from Dr. Squeely, his trumpet-tongued wife, or others whom he or she has told:—

Whispers often separate chief friends.

If you allow yourself to fall into the habit of giving out the latest sick-room news, or of speaking too freely even of people's ordinary affections, or submit to be indiscriminately interviewed by Inquisitive Jack or Peeping Jenny, Mr. Knowaheap, Mrs. Blabber, Mrs. Picklock, Madame Long-tongue, or other key-hole notables from Meddlesome Row:—

All eye, all ear, all tongue,

anxious to hear or to tell something new concerning your patients, your very silence in disreputable cases will betray them. The credit of whole families and the character of their individual members will sometimes be at stake, and, unless you shut your eyes and close your mouth, it may ruin them and involve you. Indeed, many persons would rather suffer or even die than be subjected to public shame or disgrace by an exposure of the affections they are laboring under; and some persons afflicted with private diseases and other ailments that cause shame are so much afraid their family physician might reveal the secret that they would sooner apply to a quack, or suffer its ravages, or even die, than take the risk of exposure to shame and disgrace. Some medical men's chief

strength is in the fact that they do not talk much, and their plan is not a bad one.

You will be, to a certain extent, an honorary member of every family you attend, and:—

When pain and sickness rend the brow,

you will be allowed to see frail mortality in a very different light from that in which other people see it; you will see people when their spirits are humbled; will see human nature in absolute nakedness. The community view one another with a veil thrown over their moral and physical afflictions; over their strong passions and feeble control; their blasted hopes and the sorrows that flow from their love, their ignorance, their hatred, their poverty, their frailties, their errors, their crimes, their emotions, their meanness, and other deep passions of the human heart:—

Man is a wolf to man;

their cruel disappointments and rude mortifications; their follies, disasters, fears, delinquencies, and solicitudes. You will see the homeless, the betrayed, and the deserted; the victims of intemperance and of lust, of grief and joy, anger and shame, hope and despair. Yea! you will see the trappings of greatness and the cloak that hides deformity dropped, and the infirmities of body, and imperfections of mind, with the veil uplifted, and the book of their hearts wide open. You will hear heart-to-heart conversations that it would be cruel to rehearse. Yes! yes! many a struggling human conscience will tell the secrets of its soul to you, and you will become the repository of all kinds of moral and physical secrets. Guard them all with Masonic fidelity, keeping your:—

Eyes and ears open, but mouth shut.

Love, debt, guilt, shame, jealousy, grief, domestic trouble, superstition, poverty, anxiety, thirst for revenge, crushed am-

bition and the like, may prey on the mind of a sick person, and actually convert a simple into an incurable malady. As such matters are apt to be concealed from you, it is necessary that you should bear in mind that they are important agents in the causation and intensification of disease, and be prepared for their prompt recognition. But never seek to penetrate the secrets of your patients beyond what is necessary to understand and treat their cases.

When you see a patient weep, it points to the emotions rather than to the sickness or suffering itself, as melting into tears or an outburst of crying is neither part of, nor a necessary symptom of, any injury or illness, but points to sorrow, anger, fear, terror, etc. Keeping this in mind will sometimes enable you to detect and smooth away mental complications.

Observe reticence at your visits, and do not allude to the private affairs of anybody, or of what you have done for patients and of the subsequent ingratitude, from one house to another. Also let your lips be hermetically sealed to the fact that So-and-so has or has had venereal disease, hemorrhoids, fistula, ruptures, leucorrhea, or constipation; or that abortions, secret operations, etc., have taken place; or that this or that person has recourse to anodynes or stimulants; or that Mrs. Ohmy had a baby too soon after marriage, or that Miss Awfulone or Miss Angelicus had one without being married at all; or that Mr. Badegg is addicted to immoralities:—

Lower than the beasts;

or that Old Moonlight or Young Sunrise has or has had a secret disease; or that Allgood is not good at all, but has this, that, or the other bad habit. No matter how remote the time, if patients wish their secrets told let them be their own talebearers, as you, the physician, have no right to disclose the affairs of patients to any one without their consent.

But while judicious silence should be your general rule,

it is your higher duty to society and to the laws to expose and bring to justice abortionists, unprincipled quacks, and other heartless vampires, whether they sail under cover of a diploma or not, whenever you have direct and conclusive proof of their iniquitous work:—

> **Tremble, wretch; thou hast within thee**
> **Crimes unwhipped of justice.**

But, even though morally certain thereof, never take a step for which you are not prepared to be held personally responsible, and never directly charge any one with dishonorable or criminal conduct on hearsay evidence, or on the word of persons who next week or next month will either prove invisible in the hour of conflict, or turn around and swear the very opposite of what they told you; then:—

> **Whose are the falsehoods?**

So never accuse any one, unless you positively have at your command ample and unequivocal proof or willing witnesses of his wrong-doing, for, if you are without it, your shrewd, vigilant, and elusive adversary is sure to find a loophole of escape, for:—

> **It is hard to catch a weasel asleep,**

or to make an indignant denial, on the principle that:—

> **My "No" is as good as your "Yes,"**

and cunningly bring against you a counter-charge of malicious persecution, with all its legal consequences; after which, like a white-robed angel, he will *resume*—increased business—"*at the old stand*," while you are left humbly to nurse your wounded pride; result:—

> **Vice is fed, while virtue starves.**

In prescribing medicines for the sick, it is better to confine yourself to a limited number of articles with the power

and uses of which you are fully acquainted, than to employ a larger number of ill-understood ones; for which reason you will act wisely in avoiding new remedies until their value as remedial agents has been satisfactorily proven. It may also be well to remember that the number of remedies actually required in combating disease is relatively small.

Memorize the rules for dosage, and keep in mind the maximum and minimum doses of every article you admit into your list of remedies and the best way to administer it.

You should have sufficient honesty and enough independence to do nothing, and to give nothing, to any one when that is the proper course, but you may sometime come across a patient with disordered imagination, who insists that he is bewitched, or that a pin or a fish-bone is lodged in his throat, even after most careful examination has proven that there is none; or syphilophobic and anxious to take constitutional remedies after a simple sore or chancroid; or morbidly afraid of hydrophobia or lockjaw; or the half-insane victim of this, that, or the other vagary or hallucination, and who cannot be convinced by all your assurances that his ailments or forebodings are imaginary. In such a case, when physical medicines fail, as it is your object to cure, it may become not only justifiable, but as clearly your true and manly duty to employ such other expedients as are likely to relieve his heated and deluded imagination through psychological impressions, or by the action of mind on mind, as it is to give medicines for well-defined disease. Any remedy or expedient honestly intended to excite a definite expectation, or hope, in order to aid in relieving such a patient, is called a placebo. Giving a placebo adjunct in such a case is a very different thing from practicing upon and increasing a patient's fears, as is done by the petty arts of the charlatan. Despise not policy, but take care that your policy consists in honorable expedients resorted to for honest purposes.

Should you ever have recourse to remedies intended to act chiefly through the mind, look your patient earnestly in the face, and give precise instructions concerning the time and mode of using them, and they will do double good.

An agent given chiefly for its mental or moral effect should, as a rule, be small and easy to take; the bromides, the valerianates, mild tonics, and other harmless remedies are appropriate.

You will not only find that almost anything will relieve some of these cases, but will be further surprised to learn that it has evoked great mental and spiritual enthusiasm, and that they are chanting its praise and vowing that they were cured of one or another awful thing by it:—

> **Like the toothache that leaves**
> **When the dentist appears.**

Some, indeed, who seem to be magically benefited by doses of —nothing—will actually credit them with saving their lives. What a comment on the intelligence of the twentieth century! What a pitiable fact for truth and science that inert placebos often receive more praise than the soundest remedies! What a harvest such cases supply for those who live by fleecing!

Of mental and moral remedies make none but an honest and proper use (leave juggling and all that is dishonorable to ignoble pretenders), and, if you happen to have the appropriate remedy, give it gratuitously and charge for advice only; if not, write a prescription for some mild non-perturbing and inexpensive agent.

Never send a patient to a drug-store with a prescription for bread-pills or anything else you know to be inert. It is not right to cause any one to pay money for articles that have no intrinsic value; besides, if among all the simple tonics, nervines, etc., in the pharmacopeia you cannot select some recognized agent of more remedial value to a depressed patient

than inerts, your resources must be very limited. Moreover, if a patient were to discover that he had not only been paying money for such inert, valueless articles as bread-pills or colored water, but also wrongly exposed to the criticism and derision of the pharmacist, he could not help feeling victimized and indignant.

Let us here impress a caution: to believe too much and not to believe at all are both unfortunate mental conditions for those who practice medicine. Take care that your mind is not led into an exaggerated view of the importance and power of drugs. Bear in mind the example of the old rag-picking woman of Paris, who filled her bottles with water from the polluted river Seine, sold it as a cure-all, and heard of so many cures wrought by it on all sides that she died fully convinced that "Seine Water" was a panacea for all the ills of the human race. Guard yourself, also, against the opposite and grave error that medicines are useless and unnecessary, for either view would materially impair, if not destroy, your fitness for the practical duties of your profession.

The very shape and fashion of medicine have changed with the present generation, and sixteen-ounce bottles and thirty-two ounce bowls of bad-tasting, purgative, expectorant, or diaphoretic medicines, wasting the strength in the beginning that is needed during convalescence, are now (thank Providence!) seldom seen, for the vast majority of people are sensible enough to avoid unnecessary medication and to take medicine only when sickness demands, and even then not too much; but taking a little "searching" medicine that "scours the system" four or five times, or a bottle of salts, or of cream of tartar, or 10 grains each of calomel and jalap for "clearing the constitution," in the spring of the year, still has patrons, who believe in positive medication with positive results, just as the good housewife believes in spring house-cleaning; and cathartics and other depleting remedies are still

popular with those who cling to the old-time mania for drugging and cleansing the blood.

Such people want to see and feel promptly and fully the action of medicines, and purge themselves entirely too often; and think they could scarcely live a month unless they had almost turned themselves wrong side out with pills, salts, etc. Remember that when Nature is relied on the bowels ought to act daily, or at least freely once in two or three days; for, when the bowels are naturally moved, the lower portion only of the intestinal canal is cleared out, and, during the interval before the next evacuation the fecal material from above passes down and is in turn evacuated; but, when a purgative is taken, it clears out the entire alimentary canal, and, of course, such a clearing out is not required nearly as often as the natural, though partial, evacuation. If an adult who cannot have an evacuation without the aid of medicine takes an aperient or purgative once in three or four days it is often enough for the requirements of health.

Never tell patients too minutely how the prescribed medicine will act, as it may vary enough from your promise to disappoint them, and to brand you as a false prophet. There are also a few who would be injured by worry if you were to tell them exactly what ails them.

Never solicit people, either by word or otherwise, to employ you, for such a course would tend to repel rather than attract them, and could not fail to deprive you of the necessary confidence and esteem. Besides, respect for yourself and the profession makes it far better to wait until your professional acquaintance is sought.

Many people are naturally fickle and capricious, and cannot be depended on to adhere to you, even from one day to the next; no matter how earnestly the physician tries to serve and to satisfy, they will quickly become wearied and disheartened, and insist upon consultations even in the most

trifling ailments; perhaps, also, change medical attendants with astonishing rapidity,—first from one physician to another, then, may be, to a prescribing druggist or an irregular practitioner, and will finally wind up with a quack or a quack medicine. Others will adhere to you with steady confidence, through good and bad, with firm tenacity. You should, nevertheless, under any and all circumstances, base your hope of being retained and respected, no matter what class of patients you are attending, upon the just and true foundation of deserving it. Do not, however, set your whole heart or full faith on a continuance of the patronage and friendly influence of this person or that, for you will many a time be unceremoniously replaced, after weeks, months, or years of meritorious attendance, by those whom you know to be far below you in brains, habits, and everything else that constitutes a good physician. Sometimes, after you have given faithful, wise, and judicious attention, spent days of toil and sleepless nights, and done all else that is possible, it will almost lessen your religion to be unexpectedly and unjustly dropped without reasonable courtesy or explanation, even in cases where you have brought the patient out of great danger or have him nearly cured:—

Injustice that smells to heaven—

and possibly to be superseded by Little Docktor Bighed, or Big Doctar Littlehead, or Dokter Soupnoodle, or Doctur Kornkutter, or Perfesser Lowebb (who spends half his time in trading horses, pushing politics, and drinking beer), or an Old Woman "Phisition," whose chief question is:—

Does yo' bones ache?

or an Irregular, who scarcely knows the A B C of rational medicine, or a Christian Scientist, or some medical outcast who may at once stab you under the fifth rib, by changing

your diagnosis of erysipelas to "St. Anthony's fire," or your bilious remittent fever to "malarial fever," or to typhoid, spelled with an f, and change your sulph. quiniæ and mass. hydrarg. to sulph. cinchona and hydrarg. cum creta, or cob-web-tea. If you have been using hot or cold, he may at once use the opposite, with emphatic reasons for changing, gloating over your humiliation, while you have to submit to the icy ingratitude and the brutal wrong without being in a position at all to resent it, and you will then feel the force of Solomon's soliloquy: "If it befall me as it befalleth to the fools, why should I labor to be more wise?":—

We have seen a stately cedar fall
And in its place a mushroom grow.

Lack of success or failure to cure in the beginning of a case often throws light on its true nature, and serves to suggest the more appropriate diagnosis and treatment; this is one of the reasons why Dr. Lastcomer so often eclipses Dr. Firstcomer.

The ability promptly to detect loss of confidence or dissatisfaction with yourself or your remedies is one of the acquirements which, if you do not already possess, you must seek to acquire. Continued suffering, protracted confinement, unsatisfied suspense, inability clearly to diagnose a case, and disappointed expectation of convalescence all tend to produce impatience and dissatisfaction in the minds of the patient and his friends, and to create doubts of your knowledge, skill, or judgment,—for which due preparation should be made.

Even proclaiming a truth is sometimes attended with unpleasant consequences. Thus, you may deem it your duty to announce to a patient, or to some member of his family, that he has an incurable disease, or that his affliction will probably kill him. For, unless the fact is obvious to all, you will probably lose your patient, not by his death, but by his chang-

ing to some other physician, in the hope that he may reverse your verdict and give a more favorable prognosis. Hence before you give utterance to such opinion, make sure of the facts upon which it is based, for a hopeless prognosis deduced from misinformation or insufficient evidence will inflict unnecessary pain on others and bring discredit on you. Nevertheless, being quite sure your judgment is correct, the possibility of the patient's quitting you should not deter you from giving timely intimation of the danger, as it may be, for various reasons, of the highest importance that the patient and his family shall know the truth.

You will find that some people who will almost idolize you as long as you are lucky and have neither unfortunate cases nor death in their families, will, as soon as either occurs, turn as rudely and maliciously against you as if you kept the Book of Life and controlled the hand of God.

Whenever dismissed from a case, carefully reflect upon the various circumstances that conspired to produce it, and the means by which it might have been averted, that, by introspection and self-training, you may acquire the art of using the proper words, tone, and manner, at the right time, and of doing your duty more acceptably, thereby the more surely to retain other patients. Three causes make many patients change physicians: outside advice, contradictory statements by them, and lack of expected or promised improvement in the pain, cough, or other leading symptom.

When you are unjustifiably dismissed, especially if it be to make room for an Irregular, or a personal enemy, or a quack rival, do not consent tamely to be cast aside in such a manner. Express your perfect willingness to retire, but, at the same time, make it known, in a clear and gentlemanly manner, that you expected fair play and courteous treatment and that such action grossly wounds your feelings, casts undeserved reflection on you, and injures your reputation in the

eyes of the public. Such a protest will not only enable you to vent your mortification, disappointment and disgust, but will also secure for you greatly increased respect, and, moreover, tend more effectually to counteract any injury likely to arise from your dismissal than if you meekly submit without showing any resentment.

If a patient dismisses you or dies, charge exactly the same as usual for whatever services you have rendered.

In acutely painful cases of tetanus, cholera morbus, etc., it may be found necessary to disregard the ordinary rules of dosage and give large, even heroic, doses of morphia, chloral, or other potent medicine, which must, moreover, be given promptly, as hours, or even minutes, may decide the result:—

> **Diseases desperate grown**
> **By desperate appliances are relieved**
> **Or not at all.**

Care must, of course, be taken that the total quantity be within the limits of safety, and not sufficient to poison the patient. A gentleman known to the authors had a severe attack of cholera morbus; one of our brethren was called, who prescribed for him twelve camphor and opium pills, one to be given every six hours. In that case the physician was fatally slow, for before the time to take the second pill had arrived the soul of his pain-racked patient had gone to a land where medicine is not needed and six-hour intervals never occur. Take care to avoid long periods between the doses for acute cases suffering great pain.

An opiate that has power to relieve severe pain will do so within an hour; failure to do so necessitates a second or third dose. A dose of chloral will produce sleep within forty-five minutes, if at all, and it is useless to wait longer before repeating it. When it is intended to keep a patient under the influence of opiates, it is necessary to repeat them about every

four hours, inasmuch as the effects of a dose begin to wear off after that period.

When opiates are no longer needed, the nausea that is apt to follow their abrupt withdrawal may be prevented by continuing them in diminished doses at four-hour intervals, decreasing the dose each time to one-half of the preceding one.

There is a popular belief that opiates are given solely to allay or relieve pain, not to cure the sickness. People should be made to understand that opiates are not only palliatives, but, by controlling pain, removing soreness, lessening functional activity, etc., are powerful curatives in a long list of diseases.

You will often recognize the character of a case, or see the patient's exact condition, before you ask a single question; yet the laity very properly expect you to examine your patient at every visit. Let your first examination be careful and thorough; omit nothing that can shed light on the case, and never neglect the following five cardinal duties: To feel the pulse, to examine the tongue, and to inquire about the appetite, the sleep, and the bowels. No matter what the case may be, take care to attend to these and all other routine or special duties at every visit, else the patient may think—in your rush and hurry—he has not gotten the worth of his money or is not carefully attended.

Whenever symptoms render it possible that hernia, carcinoma uteri, diabetes, Bright's disease, appendicitis, or heart disease is present; or that the throat is diphtheritic, or the ear occluded by wax; or that a tumor or an aneurism exists; or that one's femur is fractured within the capsular ligament, or his shoulder dislocated; or that the child is getting an eruptive fever, or that the patient is pregnant, or has placenta prævia, or a uterine polypus or fissure or cancer of the anus, or a fistula; or that the patient with the carbuncle has diabetes, or

that any other condition exists which, if overlooked, might cause unnecessary suffering or imperil the patient's life and possibly consign you to the goadings of regret, at having overlooked a patent fact or committed a sad and damaging mistake, or subject you to the bitterness of public humiliation and disgrace, if discovered by the one you call in for consultation, or the one who comes in as your successor—all mind, all heart, all eye, all ear, all touch, and determined to show his wisdom—to protect yourself, you should always make a careful and thorough examination. Let nothing escape you, and, if need be, hint to the patient or to the friends, your suspicions and apprehensions:—

Too late! Too late's the curse of life.

If you are careless or neglectful in these cases, you will often be surprised to see another physician discover the whole truth, not so much from his superior skill, but because he made this or that examination, inquiry, or analysis that you omitted. One of the most popular signs of a good and conscientious physician is that, intent on making a timely diagnosis, he makes an earnest, careful, and thorough first examination.

Incidental patients whom you are requested to look at or prescribe for, while visiting some other patient in their house, or while you are attending next door or across the street—the child with fever, the boy with a limp, the woman with persistent headaches, or the man who has fallen—will frequently prove to be the cause of much dissatisfaction, or of great discredit to your reputation, because, those patients, not being regularly under your professional care, are apt to be examined hurriedly for want of time, or imperfectly from lack of interest, and some simple or temporary treatment recommended, and upon its failing to cure, their regular physician is sent for, by which time the distinctive symptoms may have appeared and it becomes quite easy for him to pronounce

said child to have scarlatina, or that the limping boy has hip disease, or after a more leisurely and careful examination, that the young woman's headaches are due to Bright's disease, or that the man who has fallen has a fracture or a dislocation, instead of merely a sprain, all to your discredit. The same risk of overlooking important facts, or of seeing partial development only, attaches to all consultations on the curbstone, at the theaters, on the streets, cars, etc.; take care to go wrong on them as seldom as possible.

To mistake a tumor for pregnancy or *vice versa* is one of the most mortifying and personally damaging errors of judgment that can be made. To be attending a female who has been obscurely ailing for weeks and months, and who finally proves to be pregnant, is also very damaging, unless you have recognized and declared that concomitant fact; otherwise her entire illness is apt to be attributed to the pregnancy. In such cases some objections will probably be made to the payment of your fees. Cases of false pregnancy, in which you have baby-clothes made for one that isn't there, are also very damaging.

Ask no unnecessary questions, yet be careful to make every inquiry essential to ascertain all the facts in every case, and also to satisfy the patient and others that you feel an interest in the case; if you neglect to do so, you will cause unsatisfied suspense and darkness, and risk both an error and loss of confidence.

Prompt detection of dangerous changes, or of the approach of death, will not only shield you from blame, but will gain you praise and prestige if you point them out before the patient himself or those around observe them.

Be careful never to speak of anything you do for a patient as an experiment or merely to gratify curiosity, for every body is more or less opposed to physicians' "trying experiments" upon themselves or theirs. For the same reason, it is risky to give patients the sample bottles of new remedies

sent to you for trial, or to let any one know that he is the *first* to whom you ever gave this or that medicine; or that his is the first case of this or that fracture, or of smallpox, or of hernia, or of anything else you ever attended, or distrust of you may take the place of confidence.

You should keep a reference-book for collecting and retaining specially good remedies, prescriptions for stubborn diseases, medical clippings, self-devised apparatus and expedients, self-discovered facts, and important things that you have seen, heard, read, or thought, the substance of all. Such a record possesses continual interest and more value to its owner than any other book in his library; also a clinical case-book or a diary for recording the date, diagnosis, treatment, etc., of unusually important cases. For sometimes a mere reminder will make you master of an otherwise puzzling situation, and enable you to conduct a case with decision and success. Besides, nothing impresses a patient suffering from a complicated or long-standing disease with a conviction that you feel an interest in him, and intend to try your utmost for him, more than to know that you are keeping a careful record of his case. Besides, these records will gradually become a storehouse of facts, and furnish you important cases for relation at the societies or for publication.

When truth will allow, let your diagnosis either include the patient's belief or fully disprove it, that his mind may not distrust your opinion and treatment, and thus tend to counteract your efforts.

You can more easily impress and permanently convince a doubting patient of a medical fact which militates against his wish or belief—for instance, that shortening is usual after fracture—by showing it to him in black and white than by a hundred verbal statements.

Demonstrations to a patient or his friends of certain diseases and injuries by making a well-drawn pencil-sketch or

diagram on a prescription paper, and patiently explaining facts that are not clear to them, gives great satisfaction, and also makes them appreciate that you fully understand the subject.

Study to be fertile in expedients, and be very slow to confess or allow the inference, that you are hopelessly puzzled about a case, are at your wit's end, or have reached the limit of your resources.

Never be too sanguine of a patient's recovery from a serious affliction, and never give one up to die in acute disease unless the process of dissolution be actually in progress. Wiseacres say that "the only way to get well after a physician gives you up is to give him up," knowing that another can at least have no less hope and do no less good. Above all else, never withdraw from a case of acute or self-limiting disease because the patient is very ill, or seems as cold as ice, and more likely to die than to live, for a human being can endure a great deal and still survive; besides, it is always highly comforting to anxious relatives or friends to know that the physician, with strong arm and hopeful heart, stands as a stay and support, ready and willing to do more if the slightest opportunity occurs.

Icy coldness sometimes seems to make death inevitable within a few hours, and the physician hastens to announce it, when, lo! reaction and high fever appear, whip up and revive the failing powers again, and make it seem as if he lost hope and abandoned the patient entirely too soon.

If a patient be unable to swallow, think of the esophageal tube; or if food taken into the stomach be not assimilated, continue your efforts with inunctions of cod-liver oil or oil and quinia; also by rectal alimentation:—

What on earth shall I do for this fellow next?

hypodermic injections of strychnine, inhalation of oxygen, injection of the normal salt solution, etc., until he is either

better or the breath is out of his body, for Nature, by a crisis, or a vicarious function, or a compensatory process, or the tardy action of the remedies you have been using, may turn the scale and let the life-power, or the latent vitality of the constitution, rally and gain control over the disease at the very last hour. Under such circumstances, if you have hastily given up and abandoned the case as hopeless and merely lingering, you may be justly accused of bad judgment or mistaken diagnosis, while some brother physician or an Irregular or a Christian Scientist, or an old woman, who has stepped into the field at the lucky moment, will reap the glory of setting the laws of Nature aside and bringing back to life one whom you had given up as dead.

A few costly errors like this will make you much wiser on this and many other subjects, and also open your eyes to a great deal of practical wisdom, and among other lessons this: Never be too positive regarding any indefinite symptom, or too sure of any doubtful event. But when errors do occur, be not too much discouraged, for, were you, or any other physician, to observe as closely as Hippocrates, or to practice medicine to the age of Methuselah, surprises and disappointments would still occasionally confront you:—

> For never yet hath one attained
> To such perfection, but that time, and place,
> And use have brought addition to his knowledge;
> Or made correction, or admonished him
> That he was ignorant of much which he
> Had thought he knew, or led him to reject
> What he had once esteemed of highest price.



BE on your guard against the thousands of snags and pitfalls which lie hidden in the medical path to mislead and entrap the unwary. When in doubt whether duty requires you to do a thing or not, —for instance, between doing nothing and a risky operation,—if all else be equal, remember that the sin of omission is, in appearance at least, not so great as the sin of commission.

A very safe guide, in determining what line to pursue in grave or puzzling cases, is to imagine yourself to be in the patient's position, and then look yourself squarely in the face and ask your own heart: what would I do if I were the patient?

We, of all men, need to be as wise as serpents and as harmless as doves. The most skillful physician may, and often does, get results that he deplores almost as much as the patient does, but which his sincerest desires and every care and his best judgment are powerless to prevent; therefore, in ugly fractures, in capital operations, and in all other serious dilemmas, be they what they may, in which you believe there is any danger of an unsatisfactory termination, and of your being blamed or sued in consequence, do not hesitate to seek professional aid. Having a brother physician not only divides the great responsibility, but also constitutes each a witness of truth for the other, if you agree as to what is the matter and what should be done; and, by making each the guardian of the other's safety and character, will help to prevent hostile

criticism, charges of unskillfulness, or of misdiagnosis, and suits for malpractice by ill-minded or contentious people:—

Much caution does no harm.

Keep in view, moreover, that unreasonable people have the mistaken idea that physicians can and should restore broken bones and divided tissues, no matter how great the injury may be, as perfectly as the Creator made them, or make them straighter or handsomer than before, while every surgeon knows that can never be. Bear in mind, also, that when a fracture, or dislocation, or disfiguring wound, or accident of any kind, results in deformity, shortening, disablement, contracted tendons, or rigid cicatrices, or a stiff joint, or imperfect union, or a limp, or requires a cane or crutch, there is danger of its being laid at your door, and shown ever after as a botch or failure, and of its becoming a lingering libel on the reputation of the medical attendant. A badly set limb, or an unnecessary or bungling amputation also injures our whole profession, and the limb or stump may be held up in court in a suit for damages; therefore such responsibility had better be divided. In this respect medical and surgical practice differ: the results of sickness usually disappear, while those of unsuccessful or unfortunate surgery remain, and, if bad, may induce jealous rivals, Irregulars, tricky lawyers, or other conspirators to incite the patient to cast you into the fiery furnace of a lawsuit. Therefore in every case of fracture give a guarded prognosis from the first moment, and never promise to make an arm or leg, hand or foot as good as ever, only promise to give *the best possible result.* Then, if anything arises to defeat your efforts, censure will not weigh so heavily against you, and, if all ends well, it will redound more to your credit. Any case may have faulty union or non-union from there being but little or no callus or a disfiguring abundance of it that does not become solid; or stiffness, paralysis, at-

rophy, contracted tendons, or a limp, or impairment of function may result from the injury; or ugliness or distortion may be caused by too early use. These will all be blamed to faulty adjustment, unless you know enough to foresee and foretell the various sequels that may be caused by age, or ill health, joint involvement, etc. Remember that an ordinary fracture that does well ought to be firmly united in eight, ten, or twelve weeks.

The sooner your account with a dissatisfied patient is settled in one way or another, after your services are no longer required, and if you are threatened, the more promptly you:—

Threaten the threatener,

the less likely you will be to have a lawsuit; and, if you do have one, the sooner after the services are rendered the better, while witnesses are still accessible and all the unfavorable influences are fully remembered; and if a lawsuit does come, resist paying hush-money and depend on justice and the Masonry of Physicians, and fight it out. Lack of success is, in itself, no cause for damage suits, as want of skill or negligence must be proven, and general skill or lack of it is not the question in issue.

Among the reasons why numerous malpractice suits spring from surgical cases, and but few from medical or obstetrical ones, are these: Although one is as liable to a prosecution by the laws for medical as for surgical malpractice, it happens that medical cases are treated in a more private manner, and the same disease or the same symptom may be treated in numerous ways, or by alternative plans of treatment—some the very opposite of others—and we are neither compelled to give an exact name to every form and feature of disease nor a deep and logical reason for each thing we do; and persons interested, even though dissatisfied with the result, are not competent to judge of the physician's skill

and treatment to the extent of a lawsuit; whereas the amputation of limbs, the adjustment of fractures, the reduction of dislocations, the management of wounds, bandaging, etc., all depend on a knowledge of anatomy and on manipulative dexterity, and are all tangible and open to public observation and criticism, and the methods proper to pursue in each and every case are so well agreed upon by surgeons, and the results aimed at are so obvious, that even the vulgar may criticise and predict. Having anatomy for his foundation and the science of surgery for his guide, the surgeon is expected to follow certain definite rules, to have infallible foresight, to overcome all surmountable difficulties, and to get a perfect result. If he does this, *éclat* awaits him, but if he gets a bad result, and is presumed to have omitted any duty, the painful task of vindicating himself against a lawsuit may follow.

Knowledge is the only guide to action, and you are responsible for the correct and proper treatment of your patients, but not for the results. Juries place a high estimate on the value of life and limb when sacrificed by our supposed negligence or lack of ordinary care or skill.

Keep your surgical knowledge at your fingers' ends; the lawyer, the divine, and the merchant can all retire for reflection, and medical cases can be read up as they progress, but a broken limb, or a dislocated bone, or a wound, or a hernia, will not wait and you must be ever ready to go and treat them correctly; and never forget that bandages, either too tightly applied or under which the tissues have swollen and constricted the circulation, have always been a fruitful source of blame and of lawsuits.

You have no right to do more to a patient under anesthesia than it was agreed to do. To put a patient under chloroform to amputate a finger or to remove an eye, and then to amputate the whole hand or remove both eyes, would give great reason for blame and possibly cause a shooting-match.

Such exclamations as "Oh no, Doctor! it cannot be that his arm (or leg) is broken, for he can work his fingers (or toes)" will often greet you when you pronounce that a bone is fractured. This error is due to the fact that people think that the fingers and toes are moved by the bones instead of the muscles. It sometimes becomes necessary to explain this in defense of the opinion you have expressed, or to silence some dissenter; every one can move his tongue, which has no bones.

Always take the precaution, as well for your own as for the patient's protection, to examine carefully the action of the heart and the lungs, and also the urine, if need be, before administering an anesthetic; and to watch the respiration during the administration,—withdrawing the agent on the least approach of blueness of the face or lips. Also take care to have another physician or a reliable assistant present in every case in which it is necessary to produce anesthesia, more especially if the patient be a female; that there may be no charge of sexual outrage or other offense, made by the one narcotized, against you. And be ready to hang the patient head downward the moment weakening of the heart's action, or of respiration, or narcotism requires.

All anesthetics are dangerous; refuse to give them in trifling cases of minor surgery or where a moment's fortitude on the part of the patient is all that is required. Such occasions do not justify the risk.

"Shock" causes the majority of all deaths from chloroform, ether, etc., during anesthesia. If such a misfortune ever occurs in your practice if truth will allow, take care promptly to attribute the death to "Shock," as this will be the very best defense for yourself, your anesthetic, and your method:—

Shock—shock—shock—shock!

When administering chloroform or ether, an excellent question to keep asking is: Does your nose itch? Watching

for this symptom (which never comes) turns the patient's mind from gloomy fears, and, when he no longer answers, it tells you the point he has reached.

Never administer chloroform where its vapors can reach a gaslight, else chlorine gas will be evolved and irritate the throats and lungs of all present, and possibly kill your patient.

Beware of personal violence to yourself. Midnight desperadoes may, under pretense of sickness, decoy you into their traps, and then rob or murder you; or your depraved brute, crazy with drink; or your homicidal maniac; or your fever-tossed patient or mental weakling who knows not what he does; or your dehumanized lunatic with a delusion; or the infuriated demon in whom you have made a wrong diagnosis or given a wrong prescription, or had a mistake in the medicine; or for whom you have made a wrongly directed cut with the knife, or a slip of the pen; or the unreasoning tiger in whose family you have had a sad death, an unfortunate case of surgery, or of unsatisfactory result in midwifery; or the insane wretch whom you have through kindness sent to an asylum; or the disappointed and desperate would-be suicide whom you have restored; the blackguard, who:—

> Would stab your name,
> And stab your person too;

the thug, the fanatic, the madman—yea, any blood-thirsty Guiteau or Czolgosz, may suddenly assault and try to maim or kill you.

When it is possible, prevent insane patients, even after recovery, from knowing that you were instrumental in their being committed to an asylum.

You will not only have frequent lucky coincidences which will give you unearned credit, but also occasional unlucky ones in which the most unwelcome events will follow your therapeutics so closely as to seem to be due to them. Be ever ready promptly to explain and to defend yourself.

Your most opprobrious monument will be the man or woman who goes about "slate-colored" for life, telling everybody you caused "it" by giving nitrate of silver.

Patients, especially those of the fair sex—whether virgin, wife, or widow—sometimes shrink from allowing the physician to make examinations that necessitate uncovering the parts, or to see the underclothing or body, chiefly because they are soiled and unfit to be seen, while the physician erroneously supposes that the refusal is dictated by native modesty toward the examination. In many such cases it is better, instead of insisting on an immediate examination, to respect their delicacy, comfort, or convenience in the matter, and defer it to an appointed time, and thus afford the desired opportunity for preparation.

Never, at the request or demand of parents or others, attempt to examine a grown female to ascertain whether she is illicitly pregnant or has venereal disease or for any purpose whatever without her own full and free consent to the proceedings. It is a crime to do so.

Occasionally, some suspicious father, or odd-minded or coarse, or ignorant, or unappreciative husband, will show a determination to remain in the room during vaginal examinations, or during operations necessitating exposure of a female's body, and you will feel tempted to ask him to retire, that he may escape the indelicate sight and you the embarrassment. If asked to retire, one or another might refuse to go, or do so with suspicioning anger. The better plan in such cases is to inform the person that you are about to begin what the delicate duty requires, and he will probably retire of his own accord, unless specially requested to remain. In the event of his antagonistic refusal to leave, it may become a question whether to proceed with the examination or operation or to abandon or defer it.

Expertness in detecting and contravening the various

kinds of scandal and calumny admits of cultivation to a great degree; so also does the ability to foresee and avoid entanglement with the captious, the mischief-maker, the tattler, and the malicious liar:—

An enemy has sharp eyes and acute ears.

Key-hole and back-window scandal-mongers, and lying snakes in the grass, may also wait in ambush for you, trying to make much out of little or something out of nothing, for:—

Much broth is often made of little meat.

Be very, very circumspect in dealing with all such people.

Jealous midwives, chattering nurses, self-made doctor-women, meddlesome neighbors, and Job's comforters often exert a malign influence on patients, tell tales and give instances of ignorance and lack of attention, and circulate damaging falsehoods and rumors about physicians, that must be noticed and coped with according to the necessities of each case; but neither malice nor envy can do you much harm unless your own imprudence prepare the way.

Tact and discernment in establishing and maintaining a proper attitude toward nurses and other attendants on the sick is a valuable power that will prevent or counteract many possible machinations. Love of approbation is natural; and to give attendants due credit on fitting occasions for the faithful discharge of their duty is not only just and gratifying to them, but tends to make them your firm and faithful friends. Besides, heaven knows:—

They have enough they must endure without one unkind word from you.

Such public indorsement, moreover, secures their further co-operation, and encourages them to do their best to maintain the reputation which you have given them.

A bad, or ignorant, or careless nurse may render a

curable case fatal by improperly indulging the patient's appetite for food or drink, or by neglecting to give him medicines, food, etc., at the proper time, or in the manner directed; or by stealing his luxuries or robbing him of the stimulants directed to be given; or by subjecting him to excessive heat or cold, or giving him too much or too little fresh air; or by getting drunk, reckless, or careless. Look out for all these.

The conciliation of anxious, captious, impatient, or dissatisfied friends of the sick, when the sickness is not progressing satisfactorily, requires a great deal of tact and a comprehensive knowledge of human nature.

In serious or rare cases, and particularly in such as engender great neighborhood or general excitement, if you indulge in confidential or semi-confidential whispers to those around or to the rabble outside; or incautiously give out reports regarding the patient's pulse, temperature, respiration, excretions, discharges, danger, etc., it will often give rise to misrepresentation, or utter perversion of what you really did say or mean, and your statements may come back to you so changed as to necessitate angry and irksome explanations. You will act wisely, therefore, in being ever on the alert to avoid this danger. If it be necessary, express your opinion briefly to the proper persons, in writing, with the view to prevent its being misrepresented or perverted.

When a sick person puts himself under your care he gives you a responsible duty to perform, and no one has any right to ask your advice without a sincere intention of following it, for if he neglects or refuses to use your remedies, or obeys your instructions in a half-way or imperfect manner, he ties your hands and frustrates your efforts for his relief, and cannot hold you to full responsibility in the case. If, however, he will not or cannot do exactly as you wish, and if no special danger exist, it is sometimes better, after drawing attention to the position in which you are placed (as a protection to

yourself), to humor his antipathy, whims, or weaknesses, and modify or alter your course so as to meet his wishes and ability. This you can do in a good-natured way, without fully yielding to him or compromising your authority or dignity. The wishes, prejudices, impulses, and erroneous views of exceptional and fastidious patients must be studied and to a certain extent respected, for:—

> **The second best may become the best,**
> **If the patient likes it best.**

To change thus is a mere matter of policy, and is very different from yielding a question of principle. But, if a patient be determined to use an obviously improper or dangerous agent, you should, of course, refuse your sanction; or where you find it impossible to secure a faithful observance of your directions on the part of the attendants, or where they are bent on trying the latest nostrum, it may then become your duty to consider whether it is better to continue on with the case or retire:—

> **Two captains sink the ship.**

Never captiously oppose any remedy because it is suggested by a layman. An amateur nurse or the most ignorant bystander may make a wise suggestion; and those around often talk excellent sense about medical facts which have come to their notice. Listen patiently to all sensible propositions, and, if simple and unobjectionable, you may find it judicious, if only for their mental effect, to allow them in conjunction with your own particular treatment. Be frank in giving credit to any good idea, no matter by whom advanced; and, when rejecting a remedy thus tendered, let it be known that your disapproval thereof arises from conviction and not from mere opposition. You may, also, in some cases humor a whim and sanction the use of harmless domestic (grandmother) remedies

—herb-teas, mustard plasters, coal-oil to the chest, onions to the feet, etc., in conjunction with your more useful agents:—

Having patience brings patients.

Make it a rule to accord persons credit for well-meant deeds, even though they be valueless in themselves; also, when possible, approve the domestic treatment used before you were sent for; or, at least, do not condemn it in a violent or offensive manner. Listen patiently to those around while they relate how they did the best they knew, and do not pooh-pooh, shrug your shoulders, or smile sarcastically, and thus unfeelingly belittle their honest efforts to relieve the sufferings of their relative, friend or neighbor:—

Be to their faults a little blind,
And to their virtues very kind.

Your cordial approval of their simples, used in good faith with true and loving motives, will redound to your credit, and greatly enhance your reputation for kindness and sympathy.

When attending certain classes of seriously ill patients—*e.g.*, the wife of a druggist or the child of a physician—if there be any appropriate remedy in which they have great faith and which they wish to try, unless there is some clear contra-indication, every consideration should incline you to freely acquiesce and allow its use in conjunction with your other means. Those around can often suggest little improvements, sometimes big ones.

It will be a trying ordeal when you accidentally meet an "old lady who has a never-failing salve," good for everything, from mosquito-bites up to cancer. You will find her faith in herself and in her great catholicon so fixed that neither reason nor ridicule can shake it. Be fair and reasonable with her, and treat her with courtesy and respect; but if you feign an attack of awe, or indiscreetly "chop logic" with her, and

concede to her remedy any recognition beyond its actual merits, or meet her as an equal or take her into confidence or semi-partnership in the treatment of felons, ulcers, or wounds, you will make a mistake, and fill her head as full of conceit, and of mischief, too, as the sea is of water.

Cultivate the quality of being a good listener:—

Learn to suffer what you cannot shun,

and let a patient tell his story in his own way, even though it be unnecessarily prolix or tedious.

Self-absorbed hypochondriacs who live in seas of difficulty and oceans of trouble, amid an endless midnight of gloom; the hysterical, the garrulous, the slightly insane with a far-away look; and various other kinds of babbling bores, who want you to "subscribe" for them, or who have become "manured" to suffering, with their "stomics," or had "permonia" some time ago, and want to "insult you perfeshonly on their cases, because they have heard you are a good 'fisicien' "; chronic wrecks with threadbare constitutions:—

We're full of miseries—there's no room for more;

perpetual invalids, and troublesome "old women of both sexes" with worn-out lacrymal glands, and a low level of health, looking ever on the sad side of life, will sometimes come to your office, and want to murder your time with shallow or nonsensical gibberish, or a long string of annoying or unnecessary questions, or exaggerated descriptions of their numberless diseases, peculiar sensations, and unparalleled sufferings and approaching sequels, with:—

Words, words, words!

for whom a whole apothecary shop might be vainly prescribed; or to persecute you with the details of their business or a rigmarole of family affairs, or other things that do not concern you and in which you have no interest, with:—

All the burdens of the world on their backs,

and a whole Pandora's box of hysterical whimperings, laments, and boo-hoos added, when you have no time to waste and perhaps are longing to get away; and then tarry so long after the consultation is ended and the prescription given that you actually wish you could stop your ears, or rise and open the exit door, else fly out at the window and escape:—

So little done, so much to do,
And no time to waste just now.

Some of these you will have to freeze out by chilling coldness in their reception; if you courteously intimate as they come in that for this or that reason time is precious with you, they cannot deem it uncivil, and will be brief, unless they are unusually pachydermatous. If too much annoyed by such visitors, post a placard with "Please be brief, as I am busy and must divide my time." Another good plan is: at the first conclusion of a topic, or the first movement of the patient after the true business of his or her visit is finished, courteously to speed the parting guest by rising from your chair, as if you anticipated his or her getting up to go.

In ridding yourself of undesirable would-be patients or in declining to engage for an obstetrical case, will be one of your most difficult dilemmas. "Too busy to attend" and "Not at home" are probably the most unassailable of all reasons in the majority of such cases. To assume charge of an undesirable case and neglect it afterward is both unwise and unjustifiable.

There are two kinds of calls: the acceptable and the non-acceptable, and you have a right absolutely to decline to take charge of a case if you wish; but, if you do assume the duty, it constitutes a contract in which you tacitly agree to give your best skill and proper attention. To take charge and afterward neglect is morally and legally wrong.

It is very much better at once to plead having too much other business, that you are going from the city, or to a distant case, or any other true reason, and not take undesirable cases at all, than to take them, involve yourself, and afterward relinquish them, and expose yourself to criticism and to the enmity of persons who will ever after try to let you see and feel their hostile influence.

When you receive calls to cases that from any cause you cannot or will not attend, you should at once notify them of that fact, that they may seek some other physician; also that the patient may be spared harmful delay and you the annoyance of repeated messages and solicitations.

No one can blame you for not being at home when your services chance to be needed, since you cannot be everywhere at once; but if you are found at home, and quibble or refuse to respond to a call, you may be harshly criticised, especially if the case should happen to go wrong in consequence of your not responding. It is much easier for a lawyer to refuse to take a client or for a mechanic to decline a job or a merchant a sale than for a physician to refuse to go to a case.

If you have a friend whom you would like to see called to a case that you decline, mention him by name. You can advise the sending for Dr. A, or B, or C, or D. If you have anything against Dr. E, be careful to avoid saying, "Do not send for Dr. E"; merely omit to mention him:—

Neither accepted nor rejected,
But simply ignored.

Your silence will be condemnation sufficient. You are not bound to recommend any one, but you might have some subsequent unpleasantness were you practically to denounce him.

One objection to the recommending of applicants whom you wish to cast off to physicians whom you wish to aid, is that they are then quite sure still to hanker for you, and to

involve you as a consultant or assistant to your *protégé* if things get serious; whereas, if, instead of recommending them to any particular person, you compel them to choose for themselves, you will be rid of them permanently.

You will occasionally encounter presumptuous patients, or their wiseacre friends or relatives:—

All impudence and tongue,

—whose ignorance is shown by the very fact that they do not know they are ignorant—who will, with a double meaning in every word, make meddling inquiries, examine and cross-question you, and rudely interject *their* opinions, or challenge you to controversy, or presume to discuss your diagnosis and your remedies with you, thrust forward their own favorite doctors, or obtrude their prescriptions of food or remedies, and parley about the merits of this or that medicine:—

Ignorance talks loudest.

Such people are generally as full of doubts, beliefs, and theories as a lemon is of acid,—foreknowing and prejudicing all you do, destroying faith, and thwarting your every effort; maybe, drawing the curtain aside after your back is turned, and exposing to every body things that should rightly be regarded as your professional secrets. If you write a prescription for urethritis, or cough, or any other ailment, many a presumptuous patient or his conceited friend will read it faster than you have written it, and boldly proceed to comment or discuss it with you:—

I ain't afear'd to argify the topic with 'im.

You will often be harassed and cross-examined by such self-constituted Solomons:—

With the emptiness of ages in their faces,

who will claim to know more about the science of medicine

without study than those who have devoted their lives to it, and would swear that they have wiser opinions than yours, if they could only express themselves, and will freely put their judgment against yours and compel you to resort to various expedients to satisfy or baffle them, and at the same time to avoid collision with their whims, insinuations, and prejudices. In fact, from this cause, the good effects of mystery, hope, expectation, and will-power are of late almost entirely lost to regular physicians. Special confidence being gone, all that you can then expect is the gross physiological action of your medicines on the stomach and bowels of the patient, and prejudice and fear actually do much to thwart even that. Such meddling, ill-disposed gossips, using everything in the way of resistance, will make your duty difficult, and actually aid in making diseases incurable or fatal.

If you are at all timid, the presence of these self-important sick-room critics, with jealous eyes and unbridled tongues, will tend to impair or destroy your usefulness, by either diverting your mind from your cases, or lessening your concentration upon them, and may even lead to mistakes in diagnosis or treatment. Consciousness of being watched by hostile nurse or bystander who is hoping to detect some flaw or get a chance to make unfriendly criticism or to find fault merely to show that he is a zealous friend to the sick person, will, in many cases, embarrass your demeanor, and to some extent cloud your judgment, and correspondingly lessen your usefulness.

When you prescribe mixtures of two or more articles that such persons are familiar with, take care to make them understand that the relative proportion needed of each ingredient is as important as the ingredients themselves.

It is better to leave your directions about medicines, food, etc., with the nurse, or whoever else may be in charge, than with the patient, and leave no room for unpleasant mistakes or queer blunders. Tell in a concise, clear, distinct manner

when and how every remedy is to be used, and in a general way how it is to act, and leave nothing to the discretion or guesswork of patients or nurses. "A few drops," "a little," "a pinch," "a sip," "a swallow," "a gulp," "a thimbleful," "about a mouthful," "a handful," "a cupful," "big as a peach," "the size of a bean," "every hour or two," etc., can each open the door for big mistakes. Be explicit as to whether the patient is to be aroused from sleep to take the medicine or not. Also whether it is to be continued during the night, with or without water, etc.

Give all your directions at one time instead of in scattered fragments; take care to make them precise and complete, and if you have doubts whether they are fully understood, ask the person to whom you have given them to repeat them to you, or, if highly important, write them down.

Study so to control your countenance as to prevent your doubts, guesses, embarrassments, and opinions from showing upon it during anxiety and emergencies, and be especially guarded in your manner, so that nervous and ill patients cannot detect in your flushing cheek, quivering eyelid, or faltering voice, unfavorable reflections about themselves which you wish to conceal, for, while your eyes are fastened on them to appreciate their condition, theirs will be riveted on you to read their fate.

Make it a rule not to prescribe great quantities at a time in acute cases, as their symptoms may change from day to day, or even from hour to hour; it is far better to have a prescription repeated over and over again than to risk having half a bottle set aside untaken. It is always a nice point in practice to decide how large a quantity of medicine to prescribe at a time. In some cases you may even find it wiser to order only sufficient medicine to last from one visit to the next.

To set aside unused medicines and order others in such

a way as not to impair confidence requires not a little clever management. In many cases where the benefit from a remedy has gradually diminished until it is ceasing to be useful, or where any other indications for a change of treatment are appearing, it is better not to stop the old abruptly, as though it were wrong or doing harm, but, instead, to give instructions to discontinue it at —— o'clock and then begin with the new.

But few people will complain of the cost of medicines that are used, but every one will observe the waste and probably criticise you when you set half of one remedy aside and prescribe another.

With fluids a good plan is to order the empty bottle in which one medicine was gotten to be washed and carried to get the next in. A medicine that has been discontinued is rarely again indicated, but if there be any prospect of its being used again later in the case, take care to mention this as it will tend to avert the otherwise probable impression that there has been either extravagance or misjudgment in prescribing it.

Be also guarded against ordering persons to buy expensive instruments, invalid chairs, supporters, braces, atomizers; or appliances for deformities, debilities, or deficiencies of the human frame, or other costly articles, unless you are very sure they will answer the purpose and will be used. It is anything but creditable to the physician to have people exhibiting this or that article that cost ——!!! dollars, ordered by him, but for one reason or another never used, and now referred to as positive proof of needless expense.

You will occasionally encounter patients who have been kept in a furnace of anxiety for months or years, in:—

A living hell,

through the ignorance of some novice in the profession, who has examined their simple sore or abrasion and mistakenly pronounced it syphilitic; or through the deception of some

rapacious quack, who for the sake of fleecing has falsely announced the existence of specific disease to which their folly has unfortunately exposed them, the ravages and horrors of which have been painted to them in the blackest colors, when, in fact, they have really never had any true sign or symptom of such disease. God knows it is torture enough for those who really have constitutional syphilis to go through life filled with remorse for the past and dread for the future without adding spurious cases. When examination proves that the case before you is not real syphilis, it is your highest duty to make such explanations and assurances as will fully banish the error from the patient's mind.

You will be sure to produce unnecessary alarm and distress in the minds of persons whose chests you examine if, after going through your scientific manipulations, or, with watch in hand and fingers on pulse or ear or stethoscope on chest, you tell them of "a slight deposit in the apex," "an abnormal resonance," "a bruit de diable," "sibilant râles," "cardiac palpitation," "disordered rhythm," or other, to them, ominous symptom or harbinger, and thus like:—

> **Little Doctor Larker**
> **Make a matter darker**
> **That was dark enough before.**

Be careful, therefore, to avoid saying or doing anything that will harmfully fix the mind of a patient on the character of his breathing, or on his kidneys or the action of his heart, etc.

You will occasionally meet with persons who were told years ago by Dr. Longface, or Dr. Gessbad, or Dr. Sexton, with phiz as long as your arm, that their lungs were gone:—

> **'Twill soon be dark,**

or that they were on a sure road to an early grave and would not live a year; or that their measles had left "a touch of con-

sumption," or that they had the seeds of this or that affliction which would destroy life within this or that time. Such ghostly opinions cast not a little discredit on the profession and justify both censure and ridicule on the erring prophets who make them.

God only knows how many young women in our land are at this moment tormented with apparitions of "womb complaint" which have no existence except in Dr. Spayer's imagination or in Dr. Squinteye's opinion, who, had not the Womb Bugaboo been suggested to their minds, would have lived a lifetime with scarcely a thought about the womb!

Although many are now rushing to "get examined" on the slightest pretexts, you should never use the vaginal speculum unless a correct diagnosis, local treatment, or an operation clearly requires it.

The chief reason why womb-doctoring tempts to dissimulation and why there are so many spurious cases of womb disease is this: When a man is told he has a dislocated shoulder, cataract, hernia, or cancer, he finds many ways by which to confirm or refute the physician's opinion, and he can both see and feel what effect the treatment is having; but when a weak, nervous woman, morbid on the great subject of "womb disease," goes to Dr. Duper instead of Dr. Telltrue, mounts his gynecological table or chair, with its impressive elevating and rotating mechanism, "gets examined," and is solemnly told with a rueful countenance, and with all the force of a proclamation, that her womb (like some noses) is "turned a little to one side," or "is down," "ulcerated," "dislocated," or "affected," or that she has catarrhal endometritis, or pyosalpinx, or salpingitis, it tallies exactly with her fears; and shrinking from both the expense and the exposure to be endured if she were to consult some other one, she naturally submits to the manipulations, prolonged pelvic tinkering, and the monetary exactions of the physician or the charlatan who has made

the examination—possibly recovering from morbid states that never existed and paying for cures never performed:—

Small justice shown, and no pity.

That there are many genuine cases of appendicitis no intelligent observer can deny; yet rushing to a dangerous surgical operation in all cases resembling that affection seems now to be epidemic, and the grave question daily propounded to each other by the more conservative everywhere is: Why is this thus?

If there be a knave meaner than all others in the sight of God it must be the swindler who pretends to make operations on parts of the body the patient cannot see, or make useless ones on any part, or with cold-hearted selfishness exaggerates the dangers and terrifies sufferers for mercenary gain:—

Remember him, the villain, righteous heaven,
In thy great day of vengeance!

It is also cruel to tell patients, without due explanation, that their trouble arises from the heart, or that they have the "liver complaint" or "kidney disease," or that their "lungs are affected," because there is some slight or temporary affection of these organs. And it is often still more cruel, unwise and terrorizing to predict immediate or impending death, even if you do discover serious organic disease of the heart or the lungs. The duration of life will, in many cases, depend on circumstances that you cannot foresee: the cheerfulness or depression of the patient, his carefulness and prudence, the conservative powers of his system, the compensative efforts of Nature, hope, etc.

You know that a man's liver or his lungs or his heart may be deranged one week and well the next; but many people think that if any of these organs are affected in any way it is necessarily permanent, and it gives them long and constant

anxiety. Hundreds—yea, thousands—of people are at this moment living in as great anxiety as though a sword were suspended over them by a hair, because they were told long ago by Prof. Hasty, or Dr. Vinegar, or Dr. Shallow that this or that organ was affected, without any explanation being given of the functional or temporary character of the derangement. By explaining the difference between temporary ailments and those of a permanent character, or the difference between a functional and an organic affection, you will often avoid magnifying real diseases or creating imaginary ones, infuse new joy into life, and insure many a patient perpetual sunshine in exchange for constant gloom. In such cases it is your duty to avoid all ambiguity of language.

The popular belief is that, if a sudden death begins at the heart, there must have been a pre-existing disease of the heart, and the family physician is often reproached for not having discovered it during the patient's lifetime. You will do well to explain that the healthiest heart may suddenly become paralyzed or mechanically occluded by a thrombus or an embolus, and sudden death result. The ordinary termination of organic heart disease is not sudden but very slow death, preceded by dropsy, inability to lie down, etc.; in fact, with the exception of cases of aortic stenosis, regurgitation, or fatty degeneration, there are few if any forms of organic heart disease that cause sudden death. Of course, syncope, from mental emotion or physical exhaustion, if not promptly and properly met, may cause sudden death, even when the heart is entirely free from disease.

In nervous, hysterical, and impressible persons it is possible to convert a slight or even an imaginary complaint or a functional trouble into a serious one by fixing their attention on the organ deranged; hence in these cases ignorance is bliss, and you should divert the mind of the patient as much as possible from the real or supposed seat of disease, even if

you have to avoid letting him fully know what he is being treated for.

Take especial care not to allow a patient's attention to become unduly fixed on his urine. Some persons have a morbid tendency to watch this excretion and only need a discouraging word from the physician to fill them full of apprehensions of Bright's disease, diabetes, gravel, etc.

Even our instruments of precision can be used in such a manner as to excite the brain and become objects of fear and dread; for instance, the clinical thermometer, equal in value to the gauge on a steam-engine, often tells from day to day the unwelcome truth that fever persists, till it seems to the patient and those around that you are gloating over its continuance and do little else than measure how long he has to live; and they almost wish it had never been invented. Try, therefore, so to use it as to prevent if possible such ill effects and unintended results.

You will also have patients lacking in the salt of wisdom who come to you tormented with evil forebodings over alleged conditions that are either imaginary or perfectly natural:—

How green and fresh, in this old world!

some youths because they have discovered that their left reproductive gland hangs lower than the right, or because their scrotum remains contracted or relaxed; others terribly alarmed because in examining themselves they have discovered the little odoriferous glands behind the caput of their virile organ, and imagine them to be chancres or cancers; others because the fear of disease, of blackmail or of a charge of bastardy, or a reluctance to sin or disgust for their companion has thwarted their attempts to copulate with lewd women and made them imagine themselves impotent. You will occasionally be consulted upon questions regarding the propagation of our species, by those about to marry and by others newly

married; also by sinners who have burned the sexual candle too freely in youth and lived too fast in general, who find their passions, or their powers of flesh gone; and by others almost crazy on account of this or that affliction, defect, or fear.

The eight or ten large papillæ seen upon the base of every one's tongue often occasion much anxiety on being discovered by overanxious people while looking in their throats for indications of syphilis, diphtheria, or ulcerations, and great relief is afforded when they are told that these growths are physiological and belong there.

In all such cases bear distinctly in mind that your explanations and advice, whether written or spoken, are your prescription, and do not fail to charge either your usual fee, or one somewhat rounder, even though you write no prescription. With such patients the charge is for banishing fears and anxieties and giving valuable information for the promotion or restoration of their health. No one has a right to tax your time and talents without proper remuneration.

Be careful to warn all such people against the curse of falling into the hands of Anatomical Museum impostors, with their terrifying illustrations of venereal diseases; or of "Lost Manhood" quacks and other "friends of erring youth," who:—

Delve for life in Mammon's dirty mine,

and circulate lying pamphlets on the evils of spermatorrhea, masturbation, etc., promising to do miracles therefor; do not fail to tell them of the mischief such skulking impostors inflict on the health of their victims and of their merciless, never-ceasing voracity for money:—

The quack spider and the fool fly.

A large book could easily be filled with a narration of the:—

Dark, tangled doctrines,
As dark as fraud can weave,

by which these human foxes wring money from the great multitude of fools, as you would water from a sponge:—

> Oh! for a whip in every honest hand,
> To lash such rascals naked through the land.

It is doubtful whether the various pseudoscientific Family Medical Guidebooks, "Every One His Own Physician," etc., do any one much good. It is certain, however, that the public cannot understand them as it is necessary they should be understood, and that they do a great deal of harm by filling people's minds with imaginary wisdom, emboldening them to try their hands at doctoring cases that require a physician, until either much suffering or permanent injury has been entailed or possibly life itself sacrificed.

Are not such attempts to teach every body to understand and treat diseases like trying to teach them how to read when they do not even know how to spell?

You will often be consulted by true syphilitics, who wish to know what would be the result of their marriage. To such never guarantee absolute immunity against future outbreaks; and do not sanction marriage unless three years at least have elapsed since they contracted the disease, and at least two years since they had any indications of it.

You might mention to such as an axiom that no sick or diseased person can honorably marry another in good health without previously making a fair and square statement of the case, and even then a crime may be committed against the community and against unborn innocents, who are thus:—

> Cursed before birth.

Never, under any circumstances, recommend sexual congress:—

> The gate that leads to a thousand sorrows,

as a remedy for self-pollution, nocturnal emissions, priapism,

spermatorrhea, hypochondriasis, acne, salacious excitement, erotomania, prostatitis, or anything else. If those who are subject to these affections choose to tom-cat-around, and run the risk of syphilis, gonorrhea, bastardy, or exposure; or if they commit rape, adultery, or self-pollution, or marry merely as a remedial agent for masturbation or nocturnal emissions, let them do so on their own responsibility, not on yours. Perfect chastity is not only entirely compatible with vigorous health, but we know of no disease, either of body or mind, in which coition is essential as a remedy or as a palliative, but we are willing to swear on a thousand bibles that it is far better for every one, male and female, to grow up pure both in mind and body.

Occasional night-emissions in wifeless young men partake of the nature of an overflow from seminal plethora, and are perfectly compatible with sound health. Young fellows, half-crazed with dread and remorse, will often consult you about these emissions, and you will find that the majority attribute them to self-pollution in boyhood. The results of S. P., however, are, as a rule, much less baneful and destructive than is commonly supposed, and are quickly recovered from when that nasty, unnatural habit is stopped.

Consumptive females whose blood-making power is lessened or destroyed by their disease naturally cease to menstruate. They then attribute their decline in health to the stopping of the menses, whereas the cessation is really due to the decline and consequent loss of blood-making power. When such patients appeal to you to restore their menses, you should explain why they have ceased, and why they will not return unless their health and blood-making power improve.

Consumptive persons sometimes have septic fevers so regularly at a certain hour, day after day, that they and their friends are persuaded that the sickness is malarial in character, and, if you are not on the alert, they may mislead you in your

diagnosis and into giving an erroneous opinion to that effect. If malaria is out of season or the administration of quinia has no specific effect on the periodic daily fever, in a weakly or health-broken person, you may suspect that it is septic rather than malarial in character.

The popular belief that one is booked for consumption because a parent, brother or sister died of it is true only in a limited sense. If the relative's susceptibility was part of his law of development and was in his charter of life—the tubercle bacilli invading just when the rosebud becomes the full-blown flower—it should indeed excite serious fears in every one who has the same charter, the same constitutional soil. But if his disease began after his physical development was fully completed or if it were brought on by an accidental cause, the law of hereditary inclination may not apply. One whose father, mother, sister or brother died from tuberculosis, the sequence of bad hygiene, pneumonia, etc., is not thereby necessarily compromised.

One person in every dozen firmly believes that he has either heart disease or consumption, while those really affected with either are rarely willing to admit it, the consumptive generally to the last calling it a bad cold. You will find that the management of those actually suffering with these diseases is one of the most delicate questions in your practice. When your opinion is invoked in such cases, do not examine or question them at all, unless you have time to do so thoroughly; for your primary opinion and treatment may influence their entire future course, and if anything be overlooked at the onset you may unwittingly induce a neglect of essential remedies until the patient is beyond their reach.

No wonder the mind dreads consumption, with its shriveled body, ghastly face, flushed cheek, glassy eye, husky cough, rattling lung, and unsteady hand, for it is humanity's great destroyer. Multitudes once gay and happy are at this moment

in deep gloom, because doomed by this white-winged plague to certain and lingering death. It scourges the young, the beautiful, and the gifted:—

Those made of Heaven's finest clay;

and this portion of every community is selected for its most intractable and cruel forms.

Valetudinarians, dreading every change of weather and of temperature, almost invariably dress too warmly; and in their anxiety to protect themselves from cold, wear so much clothing that they shut all the air, sunlight, and other health-giving influences from their bodies, overheat and relax their skin, and reduce or destroy the natural resisting power; so that when the winds of heaven, or the cold air, or a draught, or even the gentle dews of night fall upon them, the result is like jumping from Cuba into Canada. No one, whether sick or well, should ever wear more clothing than is sufficient to keep him comfortable. Every ounce beyond that is unnecessary and burdensome and increases the semi-invalid's cold-catching tendency.

People of the opposite extreme, knowing that cool bedrooms are healthy for hale and hearty persons, often carry croupy and catarrhal children and other invalids from the warm rooms in which they have passed the day to cold sleeping-rooms, instead of giving them uniform warm air, day and night, till recovery takes place. It would even be less hurtful to reverse it, and keep them in a cold room while awake and in a warm one during sleep, because, as there is more nervous energy and a person has greater resisting power while awake than during sleep, he is more able to withstand cold. For instance, the butcher can attend at his fireless stall on the open street in the coldest winter weather till midnight and not even sneeze; but, were he to lie down on his stall and sleep during a similar period, he would probably contract bronchitis, pneu-

monia, or rheumatism. It devolves on you to point out these and kindred dangers to those who are risking them.

Furnace-heat, on account of its parching dryness, is bad for both sleeping- and sitting- rooms. You will often smile at seeing a small pan or cup of water simmering on a stove, or under a register that is pouring out a volume of overdry, impure air, while the inmates are blissfully believing that it is tempering and rendering pure and moist all the air passing over it. A large wet towel or folded sheet hung over the opening, with its lower end in a basin of water, is much more rational, and a hundred times more effective.

Many newborn children are unwittingly exposed to the bad effects of cold from lack of knowledge on the part of those in charge. The popular belief is that, if the attendant puts plenty of clothes on the shivering babe, she has done all that is needed, whereas if the babe, whose heat-producing power is very feeble, after a prolonged oiling, soaping, washing, turning, wiping, powdering, and bandaging, be put into clothes and laid away in a cold condition, without further attention, hours or days may elapse before its feeble heat-making power can bring on a reaction, and warm its blue feet and cold nose. Ice is wrapped in a blanket to prevent it from melting; cold bread wrapped in wool would never warm itself, but if warmed and then wrapped in any warm woolen article it would retain the heat for a much longer time. Take care, therefore, that every newborn babe is kept warm. As soon as dressed it should be nestled against its mother's bosom till warm; if this does not suffice, it should be kept near the fire till the requisite warmth has been imparted.

There is a wide-spread popular error, participated in to some extent even by physicians, regarding the real object of lancing children's gums. When a physician lances or rubs a child's swollen gums, it is not solely to let the tooth through, nor does he expect it instantly to pop through the opening,

but his chief object is to sever the innumerable small nerves that ramify through the gum, and thus relieve the tension, pain, irritation, danger of convulsions, etc. No one should incise or rub through a child's gums, except when these evils are present, for so much prejudice exists on this subject among the people that, if you lance a sick child's gums and, in spite of it, he dies, you may incur their maledictions for doing it. There is much less prejudice against rubbing them through with a thimble, spoon-handle, or any other suitable article than there is to lancing them; and the contused wound made by rubbing is less apt to reunite than a clean incision.

"Doctor, my child gets the phlegm up, but, instead of spitting it out, swallows it again," is a stereotyped expression. If he does, it makes but little difference, inasmuch as he swallows it, not back into the windpipe or lungs, but into the stomach, where it becomes unimportant. It is, of course, not natural for a child to spit before he is three years of age.

It is a popular belief that crossness in sick children is a favorable sign, and there appears to be a great deal of truth in it, since it requires considerable strength and energy to exhibit crossness. The reappearance of tears in the child's eyes when crying is also a favorable sign.

Never pooh! pooh! tut-tut-tut! or otherwise make fun of mothers because they believe their children have worms, for in some instances they may be correct in their opinions; and if you scout the idea and fail to give a trial remedy, you may be chagrined to learn that they afterward went to some drug-store, purchased this or that quack vermifuge, and, sure enough, brought away the worms, and are exultingly telling it as proof that you were wrong and they were right. Such cases are a cause for blushing and do one's reputation no good. It is better, when worms are suspected, to respect people's opinions and desires and order some harmless vermifuge, even though it do no other good than to test the fact and satisfy

the mother. Mothers are often acute observers, even though not good prescribers.

It is better in all cases to allow a certain degree of weight to the opinions of the patient and his attendants, especially those who sit up with him at night; not that you should surrender your judgment to their apprehensions or errors, but at least listen calmly to what they say, and take into consideration their opinion in making up your own:—

The nurse's tongue is privileged to talk.

They see him the whole twenty-four hours, while you may see him but five or ten minutes a day. The apparently causeless fears and predictions of nurses and friends are sometimes surprisingly confirmed, and the self-sufficient physician's prophecies correspondingly unrealized.

Many persons consider it useless to call physicians to sick infants, because they are unable to make any verbal communication or to place their hands on the seat of their diseases to assist him in making a diagnosis. This opinion is erroneous, for the diseases of infants are usually plain in character, and their symptoms, being neither disguised, concealed, nor exaggerated, can be read and correctly treated by any and every wise physician.

Condemn the keeping of commodes in bedrooms, as they are a fertile source of diphtheria, scarlatina, typhoid fever, and other filth diseases. Also direct that the alvine discharges in all contagious diseases and the sputa of consumptives shall be either disinfected or destroyed.

Every worthy housewife courts the reputation of keeping her house and those in it clean, and one of the proofs of her skill is the absence of bedbugs, fine-tooth-comb insects, roaches, and other vermin. Should you ever notice such things about a respectable patient's body, clothing, or bedroom, show inattention and affect not to see them, for nothing

is more deeply mortifying than to have anything of the kind noticed and pointed out by the physician. Also be oblivious to all humiliating accidents, immodest mistakes, and accidental exposures that may occur in the sick-chamber:—

Shut your eyes and close your ears.

The terms scarlatina and scarlet rash are now in everybody's mouth, and are spoken of by the laity as harmless affections, under the belief that the word "scarlatina" means a slight affection, bearing about the same relation to scarlet fever that varioloid bears to variola. There is no such disease as scarlet rash, and the cases to which these terms are applied are usually either scarlet fever or rötheln (German measles); and, unless people are made aware of this, neglect of the necessary precautions and evil results may follow.

Bringing out the eruption is one of Nature's processes in measles, scarlatina, smallpox, etc., and there is no doubt that the large quantities of saffron tea, ginger toddy, hot lemonade, home-made wines, etc., used by grannies to bring them out, do more harm than good, by disordering the stomach, inflaming the eruption, etc. This "bringing out the eruption," when uncomplicated, had better be left somewhat to Nature; when it is complicated, something more reliable than old fogy teas is indicated.

There is also a popular belief that all skin diseases result from humors in the blood that must be driven out, or, if already out, kept out, until killed by blood-medicine, much the same as one would drive rats from their haunts and keep them out until destroyed. No patient will object to your driving his humor out, or killing it, but, if he believes you have simply driven it in, woe be unto you should he subsequently have any severe or fatal sickness! In such cases it is well to give an internal remedy, whether local treatment be used or not, and where great fear or strong prejudice exhibits itself, it is even

better to commence the internal treatment a week or two before beginning the local.

There is likewise a popular expectation of evil and a like readiness to blame the physician if any new symptom appears after he suddenly arrests or cures periodical bleedings, diarrheas, foot-sweat, chronic ulcers, or discharges of any kind. You will see and hear many illustrations of this fact.

Many persons have a notion that boils and various eruptions are healthy. Not so; but, even if they were, most people will agree that some other mode of health is preferable. This belief is probably founded on the fact that during convalescence after serious diseases a crop of boils sometimes appears, seemingly from a revival of the vital forces of the system from the depressing influence of the disease. The fact of their appearance being coincident with reorganization and returning health probably accounts for the popular belief that boils and health go together.

The high color of the urine occasioned by activity of the skin in well people who perspire freely in warm weather, and also in patients whose sickness compels them to lie in warm beds or to keep in hot rooms, frequently creates alarm, and induces groundless fear that they have kidney disease. Explain to them the relation of the functions of the skin and kidneys to each other, and that it makes but little difference whether the urine is scanty or abundant if it contain all the natural excreta and be simply deficient in water.

When a coin or any other small foreign body is accidentally swallowed, some unthinking person is almost sure to give a dose of castor-oil or other purgative, and thus liquefy the contents of the bowels and necessitate the passage of the extraneous body along the entire length of the alimentary canal unprotected, instead of allowing the fecal matter to remain as a mass to inclose it and prevent its corners, points, or edges from doing harm. In a case of this kind do not

interfere with the efforts of Nature unless you feel sure she cannot expel it unaided.

When a person faints, those around run to assist him, and in those agitating moments instinctively raise his head instead of lowering it as they should do, thus prolonging the syncope and endangering life; therefore, in all cases where great debility and pallor are present, be careful to instruct the attendants to keep the patient's head low, and to prevent him from rising suddenly for any purpose, and from sitting up too long or unwatched, for fear of fatal syncope.

If a person perspire more during sleep than at any other time, it is a sure sign of weakness.

"If the dog that bites a person goes mad, so will the person bitten" has caused many a valuable dog to be killed. The truth is, if a dog's mouth or teeth contain hydrophobic virus at the time of biting, there is great risk of inoculation; otherwise there is no risk.

A hydrophobic dog is said never to live longer than ten days after it becomes so; therefore, if a dog bite a person, it should by all means be allowed to live for this period to ascertain beyond doubt whether it has hydrophobia or is harmless (?). If the dog be killed for revenge or under the mere suspicion of having hydrophobia, all inquiries as to its madness are cut short, the disproof of the disease is rendered impossible, and the person bitten and his friends are left to all the terrors of uncertainty.

Foolish persons will occasionally tell you in a boastful manner that they have no fear of contagious diseases, and will show either by word or manner that they entertain the belief that contagious diseases attack only those who fear them and spare those who do not. It is well to teach such people that the laws of smallpox, syphilis, gonorrhea, hydrophobia, typhus fever, and such affections are very different from what they imagine; that fear cannot communicate them to those

who are not exposed to their microbes, and that mere absence of fear will not, cannot, protect either nurses or friends, babes or braggarts, or even persons who are unaware of their presence, if exposed to them.

You will often be asked: What do physicians carry or what do they use to protect themselves against epidemics and contagious diseases? So it should be, but thus it sometimes is not, for we do not always escape; yet a fearless heart, a cheerful mind, and love of duty do sometimes seem to unite with hygienic precautions to protect us in our battles, while the cowardly fellow who flees from the danger would probably die if he were to stay:—

Epidemics kill hundreds, fear kills thousands.

There exists a popular prejudice against damp houses, leaky roofs, night-air, dews, etc., which is probably carried entirely too far. Dampness is, of course, inimical to health when mold, absence of fresh air and sunlight, filth, noxious gases, or other defective conditions, or disease-producing agents are added to it; but neither life on vessels, nor the presence of dampness, as in rainy weather, is in itself unhealthful. Dark houses and basement rooms, where the sunlight does not reach, are naturally unhealthy and may become breeding-centers for various kinds of microbes.

The low-spirited and the morbid will often refer to the fullness or emptiness of the veins on the back of their hands and count the wrinkles as proof that their blood is drying up; or that they are too full and need bleeding; or that they are consumptive, etc. Explain to them the folly of such conclusions.

When liniments are applied to the extremities for swellings, pains, etc., the popular notion is that to rub outward toward the fingers and toes is the proper and only way to "rub the disease away," while physiology tells us to aid the impeded

venous circulation by rubbing toward the heart; but it seems impossible to make people appreciate this fact. It is better to split the difference and tell inquirers to rub in every direction as a woman does in scrubbing a floor.

As purgatives after confinement, many physicians order castor-oil, Seidlitz powders, or other simples, instead of writing Latin prescriptions; it will be wise for you to follow the same rule and order one or another of these, or whatever other simple laxative she or her nurse prefers, or is accustomed to use, for if you give her a Latinized prescription for a purgative and as a coincidence hyperpurgation, septic fever, hemorrhage, syncope or anything else follows, every body will be apt to believe that your purgative was too strong and caused the sickness; and if she happens to die you and it may both be bitterly condemned.

When a sick person's vital powers are taxed to their utmost in fighting the sickness, it is an injury to compel him to withdraw part of it to waste on visitors, and you will see more sick people *visited to death* by neighbors and friends than die by neglect. But, although a sick-room full of talkers is a bad thing, yet the admission or exclusion of those who wish to enter it, and allowing or forbidding conversation with ill patients or within their hearing, requires no little delicacy and tact. Exclude gossips and bores from the bedrooms of those who are seriously ill; also, kind but thoughtless, idiots who come with solemn sympathy to tiptoe about the room or around the bed and tell the sick how bad they look, or of the death or misfortune of this or that neighbor, or of those who had similar seizures; but try to manage the duty so as to engender no personal enmity.

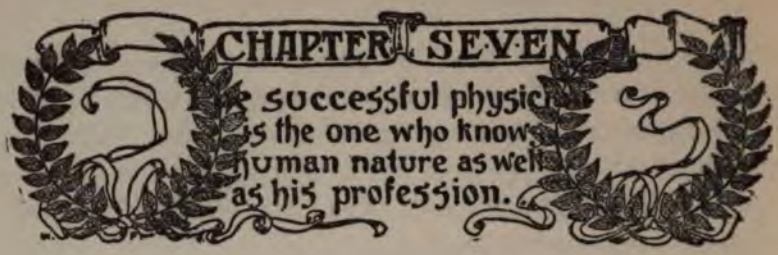
Never attempt to exclude the parents, near relatives, religious advisers, or other privileged persons from the room of any one who is seriously ill; and never interdict Bibles, prayers, and religious exercises, except for the most urgent and

obvious reasons, as when the patient is highly delirious or has just taken an urgently needed sleeping potion, or when he phlegmatically expresses himself as unalterably opposed to the introduction of religious conversation, or to seeing this or that individual; else you may raise a very deserved whirlwind of indignation against yourself.

To interrupt public business and travel, by roping or barricading the streets, because somebody is sick, is seldom either necessary or justifiable, as most dwellings have rear rooms into which the sick can be taken out of reach of the noise of travel. Make it a point to advise the latter course instead of the former. Where removal to a rear room is not feasible, a good bed of spent tan on the street will completely prevent the rattle of passing vehicles, and show every body that a person is sick whom noise will injure.

Never ask the age of a patient more than once during attendance on his case. Take care also neither to ask any question twice at the same visit nor to do anything else that would indicate abstraction, lack of memory, or incompetence.

You will find that patients will be inspired with more faith in a prescription if you begin to write it with an air of decision immediately after receiving—to a more or less important question—an answer which your manner indicates is what you expected. Also take care to ask all necessary questions before you commence to write your prescription, lest the patient think that in forming your opinion you have not included the additional information or taken it into consideration or that your treatment was determined on before you obtained all the facts. Make it a rule also to ask no other questions after prescribing, and terminate the visit as soon after your duties end as can be properly done.



EVERY minute spent in studying how to make your remedies agreeable will be of more benefit to you than half an hour of any other kind of study. Whoever now prescribes nauseous, repellent medicines unnecessarily, injures both himself and his profession, and is deficient in one of the most simple and essential requirements. Indeed, one of the chief drawbacks and reasons why young physicians fail to render greater professional assistance in superseding pleasant quackery is that, having their attention riveted on their cases and studying more about getting patients *safely* than *comfortably* through their ailments, and being anxious to get the specific physiological effects of medicines quickly and fully, they too often neglect the pleasant adjuvants and give drugs in crude forms, forgetting that many sick people are very fastidious and have likes and dislikes that must be respected.

A great and almost universal mistake that *regular* physicians make is in supposing that when people send for them it is solely for the purpose of having medicine prescribed. Many people, not being judges as to what cases need medicines and what do not, are much more anxious to see some physician who does know, have a talk with him and get an opinion of the nature, probable course and result of their ailments, with words of assurance and some simple remedy if necessary, than to be drenched at every pore, or begin a medicine-taking siege or a bombardment with crude or powerful drugs.

Make special endeavors to retain every medicine-hater

who chances to fall into your hands. Such *incorrigibles* had better be under your care, with rational supervision and harmless doses of good treatment, than to be paying some one else for harmful quackery or fantastic nonsense.

Keep ever in mind that mankind has both a material and a spiritual nature and that different patients seem to be made of different and almost opposite qualities; some two-thirds mental and one-third animal, others but one-third mental and two-thirds animal, between which are all intermediate grades. If you attempt to treat all these alike, you will certainly fail. The mind belongs to the legitimate domain of therapeutics as well as the body, and the moral and mental management of:—

***The man* in the body**

is often far more difficult than the physical puzzles, for:—

The human brain contains ten thousand cells;
In each some active fancy dwells.

A close, thoughtful study of the mental forces, of the power of psychical suggestion and of mental therapeutics in affections connected with the brain and nervous system is one of the necessities in which the regular profession is still extremely deficient. Irregulars, by the systematic use of personal influence, often give the wondering patient a placebo, a mysterious mystery, a suggestion or a useless agent, which unquestioning faith, hope of recovery, and other mental operations turn into a curative agent, and an astonishing recovery results.

New and novel remedies often aid the cure through mental influences, and this is probably the most rational explanation of the fact that all newly discovered therapeutical agents make many more wonderful cures when first enthusiastically heralded as remedies than they effect after they have taken a definite position in the pharmacopeia.

Many regular physicians prescribe true and valuable rem-

edies, but give them just as they would to a horse or sheep, as if their only duty consisted in telling the sick what drugs to swallow, and seem to despise the aid of faith, hope, and expectation. You must learn in numerous cases to depend more upon the aid of hygiene, diet, expectation, and other mental laws that are as universal as the laws of gravitation, and less on large doses of disturbing medicine which allow room for the patients to say that they almost killed them.

Yet, while Drs. Diet, Quiet, Hope, and Faith are four excellent assistants, and the Oil of Time and Tincture of Patience are also very useful in some cases, still they are too slow and uncertain for others; and unless Dr. Dosomething takes them out of Dr. Donothing's, Dr. Tardy's, or Dr. Timorous's hands, they occasionally give one of the confiding a wooden overcoat and put him into the hands of Mr. Sexton.

It is an awful mistake to let Nature take her course when she takes a bad or a wrong one. You will often see her put a curable patient in his coffin because you were called too late to direct her course, or to help her do what she tried to do.

If when giving an unpalatable medicine you suggest to the patient that it may have a bitterish or a saltish taste or any other peculiar or unpleasant quality, his mind will then be prepared, and it will not seem so objectionable to him as it would were both mind and palate taken by surprise.

If the directions on the bottle indicate what the remedy is for—for instance, if you have it labeled "apply to the injured foot as directed" or "for the pain in the chest" or "for the cough"—it will tend to give certain patients confidence in its being a well-directed remedy, and cause their faith to go with it rather than against it.

Even a highly proper remedy may be pushed too far or continued too long. Indeed, cases sometimes reach a point at which it is better to stop all medicine temporarily and rely solely on hygiene, diet, stimulants, nursing, etc.

Keep yourself familiar with the ill effects that may arise from the use of the various drugs which you prescribe, in order that you may avoid producing them, or promptly recognize and do what is proper if they do occur.

Avoid as far as possible the use of medicine that must be taken "through a quill or tube" or that will burst the bottle unless kept "in a cool or dark place"; on which "no water must be taken"; that must be handled with caution, or that must be stopped when the eyelids begin to swell or when the muscles begin to jerk or the fingers to tingle, or that the druggist must label "Poison"; especially with medicine-haters and skeptics.

Some people will not send for you until they are really ill, for fear you might drive them to bed and thereby keep your carriage at their door, or salivate them or entail upon them discomfort instead of affording relief. Others will be afraid you will give them quinia or injure their teeth with iron or fill their bones with mercury, etc., or that if they once begin to take medicine they will not be able to stop. Disabuse the minds of all such people with explanations and assurances that their fears are groundless.

Herb-doctors, root-doctors, vegetable-pill makers, and other medical Cossacks have created a belief in the public mind that medicines obtained from the mineral kingdom—iron, mercury, arsenic, lead, lime, etc.—are poisonous, and should never be taken; while articles from the vegetable are in consequence thereof innocuous and harmless. The truth is, the most powerful agents—hydrocyanic acid, cocain, belladonna, elaterium, croton oil, lobelia, opium, stramonium, colchicum, digitalis, aconite, strychnia, and a long list of other very active agents—are "Purely Vegetable"; therefore, the announcement, "Purely Vegetable," is but one of the numerous songs of these hungry hypocrites.

One of the most provocative and annoying hardships you

will have to endure is the tendency of patients who have suffered wrecking sickness to blame you or your medicine for any permanent impairment or lingering symptoms, instead of recognizing and acknowledging the fact that they are purely the sequels of their disease.

"Iron injures the teeth" is a remark which you will often hear, and it originates in the fact that the old muriated tincture of iron (tinct. ferri chloridi), which contains muriatic acid, if given without proper caution will injure the teeth, not on account of the iron, however, but of the acid that is associated with it; just as hot water in a pot of boiling coffee would scald a person all the same if the coffee were not in it. If a preparation of iron contains no free acid it will not act upon the teeth.

Iron does temporarily blacken the coat on the tongue and the stools; and it is well to tell patients this to prevent needless alarm when these are discovered.

It is believed by many that *quinia* gets into the bones, affects sight and hearing, salivates, causes dropsy, etc. So firmly do some people believe these things that you will have to humor their prejudices, and change to sulphate of cinchonia, compound tincture, or some other preparation of bark, when bark is indicated.

This prejudice depends chiefly on the fact that, being powerful for good, people naturally infer that it must be awfully strong; hence, also, powerful for evil. It is also often due to the teachings of "the enemy," who seek to prejudice the public against its use by regular physicians, while constantly, but secretly, using it themselves. We have known a conspicuous Irregular to denounce quinia strongly, and yet use 3-grain, gelatin-coated quinia pills under the name of "*Panama Beans*" for the cure of his patient. We know that quinia, when properly used, is an almost harmless *vegetable* product, which acts on the malarial poison not by great

strength, but through its antidotal influence, just as water, an agent harmless enough to drink or bathe in, acts on fire.

Reproach is often unjustly cast on physicians and on medicine by people living in malarious districts, who sicken with this or that malarial affection, send for a physician, and get well, and would remain so, but, being still surrounded by malaria, they again inhale it and are again poisoned. This they erroneously call "a return," instead of a repoisoning. Of course, while the laws of his majesty, King Malaria, remain as they are, you can no more promise future immunity to convalescents with agued frames who remain in malarious districts than you can promise the anxious sailor that future winds will not again create waves, or the uneasy farmer that recurring frosts will not again nip his exposed plants, or the fellow you pull from the water that he can henceforth fall overboard without getting wet.

Malarial germs are encountered at night, and most on the still, damp nights of autumn. Malarial affections, therefore, are usually contracted in autumn and at night, but many people are ignorant of the fact that they can also rise and be inhaled during the greater part of the year; they can also be encountered in daytime; therefore, all such persons should be put on their guard.

It is proper, and also your duty, to advise a person to change his abode if necessary for his health, or to relinquish an occupation if it be injurious to him. Also to dissuade him from exciting pastimes or from overstraining to amass riches when his health is thereby jeopardized; at the same time be on your guard, for such subjects are both important and delicate to meddle with.

Keep yourself well informed in regard to suitable clothing, physical exercise, and proper diet; also as to the value of pure air, pure water, and pure soil, the comparative healthfulness of different regions, the presence or absence of malaria

at different seasons and places, and in regard to the various health trips and summer resorts. Also familiarize yourself with the constituents and peculiarities of the various mineral waters, and the special uses of each; with the comparative advantages of seaside and mountain trips, salt air *versus* country air, and with the classes of invalids to be benefited by one or other; also with the various baths—hot, cold, tepid, Russian, Turkish, electrical, vapor, electrodynamic, etc.—and the comparative advantages of the various hospitals, asylums, sanitaria, retreats, etc.; for such matters belong strictly to the province of medicine, and it is especially desirable that you should understand them, because you are sure to be asked about them, and sure to be ashamed if you cannot answer, and the refined and intelligent inquirer will see by your confused manner, weak language, and erroneous conclusions that you are beyond your depth, and will feel disappointment and distrust of your knowledge; because these are subjects that concern the better and more desirable classes of patients, many of whom are semi-invalids, with whom you will often have to make hygiene, medicinal waters, trips, etc., go hand in hand with medication; also remember that your duty does not terminate with the cure of the malady which you are called upon to treat, for in almost every case you should lay down rules and regulations to prevent a relapse, sequels, or future attacks.

You will often find it very beneficial to get a convalescent patient to country, mountains, or seashore, amid cheerful surroundings that do not recall his illness. A change of air is less valuable than a change of scene. The air is changed every time the wind blows or shifts; the scene is not.

You cannot be too cautious in advising exhausted patients with impaired appetite and weakened digestion, or far gone with obstinate and dangerous or hopeless maladies, to leave their homes and undergo the fatigues and discomforts of travel to the seashore, mountains, or other distant places, or to

foreign countries, among strangers, in search of health, unless there exist sound and strong reasons for the belief that the change will be beneficial and that improvement or restoration to health will result. The risk of breathing their last away from home, family and kindred, or of a return made worse by the inevitable fatigue and exposures of travel, is not to be assumed without careful consideration. We sometimes actually hear it hinted that the physician has sent this or that patient away to get rid of him, or because he did not know what other treatment to give him.

Also never send a patient, or any one else in whom you are interested, from his home, to the crowded wards of a hospital unless his case clearly requires it, as in important surgical operations demanding anesthesia, aseptic precautions, special instruments, assistants, etc., or patients who have no proper place for operating and no conveniences for the subsequent treatment, or requiring this or that thing not possible for you to procure. For while hospitals and almshouses are an unspeakable blessing to sick wanderers, unsheltered castaways, the forgotten, and indigent strangers, they are, to a less extent, sometimes not at all so to one who has relatives and friends and a place to call *home*.

To remove a depressed and worn invalid from the spot he calls "home" to a hospital or other asylum for poverty, when these things do not compel it, deprive him of his friends, neighbors, and companions and all the little endearing sympathies and solaces of domestic life, restrict his freedom by slave-like discipline and half-way imprisonment, and subject him to the sense of friendlessness that is too apt to seize the mind in the hours of sickness and to the foul effluvia, the smell, and the diseased emanations that lurk about the wards of hospitals and to the risk of rugged indifferences on the part of paid, possibly coarse nurses, and to irksome, humdrum:—

Red Tape, Red Tape, everything dominated by Red Tape,

hospital rules—to bed, to meals, to everything at the sound of the bell, gong, or whistle; to expose him possibly to the public gaze, merely as an object of medical treatment, or for experiment with new remedies, or for the clinical advantage of medical students, designate him by a number, clothe him hospital fashion, hang a case-card at his head, and put him on diet served at regulation hours by stranger hands that know not his peculiarities or tastes, his likes and dislikes—if he be a person of domestic taste and sensitive disposition, with a natural attachment to his home, such a change would be both injudicious and hurtful and could scarcely fail to aggravate his disease. Worse still, if he be carried to a medical-college hospital, with its busy crowd, shuffling feet, wilderness of gazing eyes, and sea of eager faces gathered around while he is used as a subject for the demonstration of his disease, or carried through repeated or prolonged examinations for the education of students. No! No! both nature and common-sense forbid!

The belief that taking water or ice is dangerous in fever is still very general. People are wonderfully slow to recognize the fact that water, whether applied externally or sipped and swallowed in small quantities at a time, is one of Nature's greatest remedies in fever, etc., especially if the patient have a craving for it.

You will often be asked: "Doctor, may the patient eat anything he wishes?" If you think that ordinary food will do him no injury, be careful to answer: "Yes; he may have any *simple* thing he wishes." Were you to say: "He may have *anything*," it would include pickles, radishes, cheese, ham, veal, sausage, cabbage, and a great many other indigestible things that might injure or kill him; the addition of the adjective *simple* will protect both him and you.

You can have some small, single-page diet-lists printed for the use of your patients, containing every article of diet

in common use, alphabetically arranged, at the top of which you can say: "Every article on this list is forbidden except those that are marked." Supply one to each patient requiring it and mark or erase from time to time such articles as you deem proper.

Never be too busy or in too great a hurry to do your duty; but when you are busy and wish to make a short visit, neither announce the fact on entering, nor exhibit a hurried or abrupt demeanor, but begin promptly to ask the necessary questions and to make your examinations in orderly and methodical manner, and do not allow anybody time to introduce other subjects, or in any way digress from the case until you have done all that is necessary. Have neither eyes nor ears for anything except your patient. If the subject of the weather is broached, answer as if you were considering it only in reference to its influence on the patient before you, then go back to his case. Economize time thus; but if your patient is ill, neither allude to your haste nor in any way show that you are in a hurry until you have made the examination and written your prescription. After completing the circle of duties and giving all the required attention, if you then mention how precious time is and courteously depart forthwith, he will not feel that your haste has caused any inattention to his case, as he would if you had rushed-into-his-room, thrown-down-hat-and-gloves, asked-a-few-desultory-questions, made-an-incomplete-examination, jumped-to-an-opinion, scribbled-off-a-prescription and-hurried-away.

Unless there is an obvious reason for an opposite course, studiously avoid all conversation on extraneous subjects at the beginning of your visits.

It will often vex you, when you are busy and time is doubly precious, to be kept waiting below stairs while those in the sick-room prim and prepare to receive you with as much prudery and tedious ceremony as if the surroundings, rather

than the patient, were the object of your visit. Show every one the respect due to sex and rank, but at the same time manage to let people know that your time is too precious to be wastefully expended and must be divided somewhat equally among those you are attending. It is an excellent rule always to let patients know when they may expect your next visit, and to keep your engagement as near to that time as circumstances will allow. Such a system gives satisfaction, and you will then find them prepared to see you without detention or flurry.

Never assign as a reason for being habitually late in visiting an ill patient that you are overbusy. Every one wants a physician who is in active experience and engrossed in practice, but no one likes to be slighted or habitually crowded out. Delayed by a case of obstetrics or of accident is, however, deemed by all an acceptable excuse.

It is always wise to ask to see the patient's medicine as soon as possible at your visit, and to ascertain by both inspection and inquiry whether it has been taken according to your directions *before* you express any opinion of the patient's progress. If you neglect to do so, you may be caught triumphantly ascribing improvement to prescriptions that have not been used or to remedies that have either been thrown out of the window or emptied into the garbage-box, and you will become the victim of a never-to-be-forgotten joke, that even the children will remember for years to come:—

Be careful of children; some day they'll be men and women.

School yourself to avoid crude remedies and to employ conservative rather than radical ones. Throw gross physic to the dogs. A repute for not being too heroic in treatment and not giving too much strong medicine is just now a telling item in a physician's reputation—one that might almost be adopted as a corner-stone. But, in cases in which duty actually requires you to act promptly and decisively, or to use powerful

remedies heroically, do not hesitate to take the responsibility and do whatever is necessary.

Avoid polypharmacy. It is much better to order a single remedy, or a combination of which you know the physiological effect, than to order an indefinite medley of this, that, and the other on the ancient blunderbuss principle.

It is not only highly proper but a duty to warn people of dangers to the public health and to devise means to prevent or remove such dangers; to teach patients the importance of regular living, proper diet, good water, pure air, effective drainage, etc., also of the dangers that may follow the sun's hot rays, the wind's blast, and the evening's dews, that they may escape all disease and preserve health; but it is neither just nor wise to teach other than medical students the secrets of our art, nor to familiarize the laity with the drugs you employ; therefore carefully avoid giving self-sufficient people therapeutical information that they can thereafter resort to and ignore the physician. If you do, they will soon feel brimful of wisdom, become opinionated, and imagine they know as much as you do about this or that medicine, or more than all our profession combined, and begin amateur prescribing and neighborly doctoring, and not only turn your bread from you, but make hobbies of what you have taught them, and trifle with serious affections until the sick one's disease is fatally seated after which even correct treatment may be followed by the undertaker; therefore cheat neither yourself nor other physicians out of legitimate practice by supplying this person or that one with a word-of-mouth pharmacopeia for general use:—

The silent man has many things in his favor.

If compelled to give a know-it-all person remedies under a simple form, study to do so in such a way as not to increase his self-conceit or to make him feel that he knows enough

to become a dabbler in medicine and to practice an Every-man-his-own-doctor system and thereby dispense with your services; also use whatever strategy is necessary to prevent him from taking any other unfair advantage of your prescriptions.

It is also unwise to instruct a person with rheumatism, urethritis, ulcers, sore mouth, sprains, or any other affliction, to get five or ten cents' worth of this or that remedy, to mix for himself, or to "take a little quinia," or "a bottle or two of iron," unless it be one of the humble and penniless poor, for the majority are sure to become self-constituted doctors and to abuse such instructions, and to try to teach others similarly afflicted how to treat themselves. This is why:—

Every sore-eyed person is an oculist.

It is better to let such patients have the medicine from your office, or to write a labyrinthal prescription for it, with instructions neither to repeat nor lend.

It is also better to make your analyses of urine, blood, sputum, etc., at your own office rather than at the patient's house, and to keep the details of the processes, reagents used, points of differentiation, and other secrets of our art to yourself; else Mr. (or Mrs.) Smart will quickly become oversmart, begin to test for themselves, and think they know as much or more than you do.

In prescribing and even in talking of medicines you should use officinal and not popular terms, unless there is some special reason for using a synonym or the vulgar.

Confine your prescriptions to officinal medicines, and to preparations whose formulas are public property, as fully as possible, and do not patronize any of the semi-legitimate pharmaceutical catch-pennies (about which you know nothing but what their labels and wrappers say) that are now flooding our nostrum-ridden land. For instance, if a patient needs beef, let him eat beef or have beef-soup, beef-tea, or beef-extract

made for him; if he needs wine, order for him a suitable quantity of the kind you prefer; if he needs iron, prescribe the kind and the dose that you deem proper, and thereby prevent making yourself a mere distributer of some enterprising fellow's ready-made "beef, wine, and iron," which cheats the pharmacist out of all chance of exercising his proper profession, and frees him from all mental exertion and all responsibility in the matter, since he and his store-boy have nothing to do but hand it out to customers, with stereotyped and sterile routine, just as the grocer hands out salt and sugar, soap and candles, molasses and tobacco; which demoralizes both professions, is ruinous to scientific nomenclature, renders a classification of medicines an utter impossibility, and in no sense represents the progress of medical science.

The same hat cannot fit every head or the same shoe every foot; neither can the same combination of ingredients nor the same proportions in any ready-made "cure-all" suit every patient. Indeed, what would benefit one might injure or kill another:—

It cured Sancho, but killed Martha.

Firmly resolve never to prescribe a proprietary remedy or one covered by a trade-mark. It is better to shun all ready-made remedies, whether trade-mark, proprietary, or quack; whether advertised to the profession, to the public, or to both; whether the so-called formula and the dose are given or not; because, if you order patients to take A's emulsion, B's lozenges, C's cod-liver oil, D's pills, and E's bitters, they will, by association, soon think that X's sarsaparilla, Y's buchu, and Z's liver-regulator also meet with professional approval. Determine that you will not aid speculators in life and health to "strike a trade" among your patients; chiefly for the greater reason that *their nostrums do more harm than good;* also for the lesser reason that justice to yourself and to the profession re-

quires you to avoid prescribing or telling patients of preparations that will enable them subsequently to snap their fingers in your face and renew them as often as they please, and also to recommend others to treat themselves with them without your aid. A single trade-mark prescription or sample package from you may sell twenty or a hundred others that you do not know of, and for which you get neither credit nor compensation, and are unthanked, unhonored, and unknown.

Endeavor to have your prescriptions labeled so as to prevent indiscriminate renewal, as well as to prevent mistakes in their administration; when one is very important, be careful to have the name of the patient put on the label, that all may know whose medicine it is.

The very best time to tell a patient not to renew a prescription is while writing it. If you fear it may be renewed against your wish, stop short while writing and remark that it will be a useful remedy, or make some other true remark about it, but that he must take only one bottle of it, or that it must not be renewed. Your order given at that time will seem to be founded on some motive other than that of protecting your own pecuniary interest, will impress him strongly, and will be invariably obeyed; this is probably the most effective of all plans to prevent prescriptions from being renewed and adopted as a regular resort in other cases. With this exception, make it a rule neither to talk, listen, nor answer questions while writing prescriptions.

Never write a prescription carelessly. Accuracy is the first requirement, legibility the second. Cultivate the habit of scrutinizing everything you write after it is written, to assure yourself that there is neither omission nor error, and sign your name or initials to every prescription, but not until after you have satisfied yourself that it is as intended. Mistakes are seldom discovered unless at the moment of their occurrence.

A very useful habit is to specify the hours at which med-

icine is to be taken; thus, if it is to be taken every five hours, instead of writing "a teaspoonful every five hours," write "Take a teaspoonful at seven, twelve, five, and ten o'clock daily." Be especially careful to give instructions as to whether the patient is to be awakened at night, or from refreshing day-slumber, either for his medicine or to take food.

In giving directions in regard to doses, bear in mind that spoons and drops vary greatly in size. Both trouble and uncertainty can be avoided in cases where medicine will have to be taken for any length of time by getting a graduated medicine-glass, which is both convenient and precise. A minim is a definite quantity, a drop is not; therefore, in prescribing potent fluids order minims instead of drops.

Neither alarm your patients or their friends, nor risk the dangers of their acquiring the chloral, opium, or other enslaving habit by allowing them to know that you are giving them such remedies.

If you instruct a patient how to use a hypodermic syringe or to use chloroform or ether, or give him cocain, chloral, opium, alcoholic liquors, or other exhilarating and fascinating agents without discrimination, or to use according to his own judgment, if he have any predisposition toward them he will probably acquire the taste and habit; and, if he does, you will surely and *deservedly* incur the blame. The slaves of such blighting habits invariably cast the blame for their acquired passion or their withering enslavement on the physicians who first ordered the drug or stimulant for them, if they have the least ground for doing so.

Hypodermic medication has its place as a valuable remedial agent, and at times becomes indispensable, yet has various drawbacks that unite to prevent its indiscriminate use. Among the lesser evils connected with it is that those who are soothed and temporarily comforted by it, or have become habituated to it, are apt to harass and worry you for its application at all

hours, day and night; and you will often find it a real hardship, after doing a full day's work, to be obliged to go and administer a hypodermic (nightcap) of morphine to the Rev. Mr. Cantsleep at 8 o'clock P.M., to Mrs. Allnerves at 9, to Colonel Bigdrinks at 10, and to Miss Narywink at 11 o'clock, and probably be called from bed again to insert the sleep-giving needle for one or all of them before morning.

Much of such work is not only a hardship but a nuisance. Far better is it for both the patient and yourself that anodynes be administered by the mouth or rectum in such cases, than for you to have all this extra trouble and at the same time risk what may prove, to him, a fatal charm, to your reputation a blow, and to you a sorrowful lesson:—

More might be said hereof to make a proof;
Yet more to say were more than is enough.



IT does not require the eye of a Newton or the brain of a Bacon to discover that self-reliance and self-possession are capitally important elements in the battle of life. Nothing under the sun will cause people to believe in and rely on you more readily and permanently than seeing you believe in and rely on yourself. Your own faith will promote faithfulness. Be not arrogant or self-conceited, and exhibit neither rashness nor timidity, but cultivate self-reliance and the power of thinking and acting in the midst of exciting and distracting factors, and endeavor to conceal your doubts, hesitations, uncertainties, self-distrust, and apprehension, for:—

The wise and brave conquer difficulties
By daring to attempt them.

Be friendly and fair and show hearty good-will toward your brethren, "The Specialists"; yet do not turn your cases over to them, but keep them under your own watchful supervision, unless they present features which render it an absolute and indisputable duty to do so, for:—

Dexterity comes by experience.

If you distrust your own capacities, shrink and shirk and timidly refer your cases of eye disease to the oculists, uterine cases to the gynecologists, ear cases to aurists, surgical to surgeons, nervous affections to neurologists, leaky noses

to rhinologists, throat complaints to laryngologists, rectal diseases to proctologists or to perinealists, mental afflictions to alienists, syphilitics to venerealists, skin diseases to dermatologists, tumors to tumorologists, crooked legs and stubbed toes to orthopedists, warts to a manicure, and so on throughout the list of "ologies," and send all those who cannot be fitted to this or that specialty to the hospital, your shrinking and shirking will lessen your own field of activity, and instead of gaining as much experience with one affection as another, and becoming many-sided and equipped at all points, you will soon lose all familiarity with the affections that specialists treat, until they will all be "out of my line," and you will dwindle and degenerate into a mere distributer of cases—a sub-physician, or medical adviser, a mere ghostologist instead of a medical attendant:—

Sending grist to other people's mills,

and advancing every body's fame and fortune, and filling every body's purse except your own; aiding them to crawl over your shoulders and gain the admiration of the community; and to make reputation and fees out of that which hides your individuality, robs your purse, and throws (little) you and your vital interests into the shade:—

One starts the hare, another bags it.

A good rule is this: Determine to do something more than feel pulses and write prescriptions. Make all your own tests of urine, sputum, blood, stomach contents, etc., and also do all your own minor surgery, getting some medical friend to assist you when necessary. Consult, in cases of irreducible strangulated hernia, stone in the bladder, appendicitis, and other capital operations, if you yourself are not a good operator; also, when an important case, whether in head or body, hand or foot, puzzles or defeats your judgment, or proves

wholly unmanageable by usual treatment, or is so grave in prognosis as undoubtedly to require broader shoulders than yours to bear the responsibility; either call in some friend or a greater man or a specialist to aid in its management or, if need be, to take charge of the case. But if you study all the branches and keep yourself abreast of the times, such occasions will soon be very rare. Timidity, from a want of confidence in one's own merits, and rashness are both bad traits in a physician, but the former is the greater drawback, since every physician's success must be within himself and must come out of himself. Not so much in time, place, or circumstance, as in the man himself lies success, almost as if success or non-success were in one's blood, and you must not only have knowledge in your head, but you must have it at your fingers' ends and on your tongue's end; you must not only know how to do a thing, but must also believe that you are able to do it yourself, and determined to attempt it; then:—

Thy labors may one day make thee great.

Whenever you transfer a patient from your care to that of a surgeon or a specialist always do so either by a consultation, a letter, or a personal interview with him; so that he may learn directly from you your diagnosis, prognosis, treatment, etc. You will thereby give him the advantage of your knowledge of the case and also avert the risk of injury to your reputation from any apparent difference of opinion between him and yourself. It will also secure your graceful retirement from the case. At the same time, be careful to make such patient fully understand that in turning his case over to the surgeon or specialist you have only turned him over for that one affection, and do not cease to be his physician for any other future sickness.

Ask for a consultation in highly important cases in which singular difficulty, obscurity or knotty if's and but's are pre-

sented, or where great uncertainty exists as to the diagnosis; also when you are in doubt as to the propriety of a surgical operation, and in bad cases in which you think either the patient's interest, a curious lack of improvement, the appearance of fresh or puzzling symptoms, or a division or sharing of the responsibility demands it; for then another eye, an older head, or a more experienced hand may be of great service.

When from any cause you see that confidence in you is wavering, or you are dealing with troublesome people, or that any other necessity for a consultation is arising, endeavor to anticipate the family by being the first to propose it.

On the contrary: in hopeless cases of consumption, cancer, Bright's disease, etc., in which neither the symptoms, the tendency, nor the indications for treatment leave any room for doubt, and in which you know a consultation would neither benefit the patient nor strengthen your own hands, you may not wish for one; nevertheless it may be very wise for you to mention the subject yourself, and to give to the proper persons your reasons for not desiring it. The best reason is, usually, that there is nothing in so plain a case to consult about and a consultation would therefore be useless.

Do not conclude that a request for a consultation necessarily implies a mistrust of your knowledge and skill, for it is oftener due to the natural anxiety of the patient's family and friends, which makes them want the advantages of the thoughts of two minds instead of one. We, too, sometimes feel that we have reached the limit of our own resources, and sympathizing with the patient and friends as to the result of the illness, are both willing and anxious for a consultation, but when they wish a consultation, they should respect your feelings and make known their wish to you instead of filling you with surprise by bringing in a consultant upon you without notice; they should, indeed, never send for a consulting physician without your express consent; yet, after it is already done, through their

ignorance of ethics, the discourtesy had better be condoned and the consultation held; for were you to withdraw or decline to join a consultation under such circumstances, you would risk hurtful censure and an angry break.

Consultations lessen personal responsibility, anxiety, and risk of personal blame. Besides, they are highly beneficial to the profession in more ways than one. Therefore, when you chance to have a bad surgical or other case, an operation in which life will be risked, a difficult or complicated case of midwifery, or a great or anomalous case of any kind among your friends or relatives, so near home as to involve you personally or socially, or in a neighborhood in which a group of your patients is likely to be unfavorably impressed if the result be unfortunate, it is especially necessary and judicious to call in a consultant to satisfy patient, relatives, and friends, and also to lighten your own burden, even though you have him make but a single visit.

When possible, always select high-minded, honorable men with good judgment and correct ethical sense, who will second your efforts by their knowledge and skill, and at the same time be likely to harmonize with you in the management of your cases, for their kindly sympathy and co-operation, as:—

Guide and friend,

may be highly necessary to the welfare of the patient and to your own reputation; but, when a consultation is held merely to satisfy a patient or his friends, it may be better to leave the selection to them, and to accept whoever is offered to you, if he be a regular physician and a gentleman.

When you happen to be the one consulted, do not enter the sick-chamber or examine the patient before your conferree's arrival, but wait and ask all questions and have all communications in his presence.

Be punctual to the minute in keeping all your engage-

ments, especially those for consultation. You have no right to waste another's time or to impose upon him the necessity of idly awaiting you at the place of meeting. Under ordinary circumstances it rests with the consulting physician and not with the regular attendant, to name the hour of meeting.

In your earlier consultations you will feel no little anxiety and suspense while waiting to see whether the consultant will be scrupulous and magnanimous and strive to hide your demerits, or whether he will, by word or look, nod or wink, question or innuendo, expose your deficiencies to the evil ones who may be standing:—

Ready to fan a spark into a blaze,

and thus reduce you to a mere cipher in the estimation of all to whom the case is related. To the honor of our profession, be it said, the vast majority of its older members are not only punctilious, but truly kind on these occasions, as if still remembering the cares, anxieties, and responsibilities of their own early professional struggles.

Naturally, no physician who has the least regard for honor or duty will persist in an error of which he is aware. Yet a radical change of diagnosis or of treatment or a reverse and opposite course in any respect, as the result of a first consultation, often and very naturally impresses the laity with the idea that the previous diagnosis or treatment has been either faulty or actually wrong, and therefore, unless some real necessity demands it, no radical change should be proposed or allowed at that time. As a rule, the fewer the marked therapeutic changes resulting from a first consultation the better for the family attendant, especially if he be a young physician with insecure reputation.

When a consulting physician, a specialist, or a surgeon is designated and called at your request, you should see that the payment of his fee is not neglected; and you might with pro-

priety broach the fee subject to those who are to pay the bill, beforehand, or at least before he quits. This can be done by privately informing them that his charges will probably be for a minimum sum if they pay cash instead of waiting for him to put it on his books and send a collector with the bill, which might then be for a much greater amount.

You can, in such a case, speak much more plainly on behalf of your brother physician called at your instance than you could for yourself. His relations to the case presuppose him to have nothing in mind but the welfare of the patient, and to be thinking only of the scientific and therapeutical aspects of the case and not at all of his expected fees.

To prevent all misunderstanding, it is usually wise to say a word or two about the consultant's fees to the proper person at the time the subject of having a consultation is first mentioned. Prompt payment of the consultant's fees will sometimes conduce to a more prompt settlement to your own.

Never make yourself responsible for the payment of another's fee. Aid him in a proper degree to get it, but do nothing more. Observe the same careful rule regarding the wages of nurses, druggists' bills, etc.

Where there is delay in paying, it is, for several reasons, better for the consultant to render his bill before the regular attendant sends his; were the latter to present his first, it would look as if he were more anxious for the safety of his fees; hence in a greater hurry than the stranger.

Unless the consultant gets his fee cash, or you are aware that definite arrangements exist for its payment, be careful to inform the people, as soon as his attendance ceases, or at any rate before the time arrives for sending bills, whether you will render your bills together or separately. If you neglect to explain this to them, they will almost surely think you ought to pay the consultant out of your charges, and a misunderstanding or estrangement will almost surely result.

Whenever, to please your patient or his friends, you are forced to set aside other duties in order to meet in consultation, it is right that you should charge twice as much for such service as for an ordinary visit, or perhaps even as much as the consultant does, for the reason that consultative meetings not only require extra time, but the carrying out of the details will devolve upon you imposing additional trouble and consequently entitling you to extra compensation.

Let the consulting physician make as few visits as the nature of the case will allow, and, in dispensing with his services when they are no longer necessary, take care to secure his acquiescence and to make him feel that it is done with perfect amity and good-will.

In consultations it is proper for the regular attendant to precede the consultant in entering the patient's room and to follow in leaving it. He also should act as spokesman in announcing the opinion and advice flowing from the consultation.

After consultation, the prescriptions, if any, should be written by the regular attendant, and, if the consultant is still present, should be offered to him for inspection, but only the regular attendant's surname or initials should be signed to them.

Friends of your stubborn-case patients who have special confidence in their own physicians will often persuade and sometimes convince them that you do not fully understand the nature of the affection or its proper treatment, and strenuously advise the calling in of their favorite. In such cases remember that you have no right to object to a patient's taking the advice of any one whom he particularly desires in addition to your own whenever he insists upon it; but you have an undoubted right to refuse to consult with any one who is antagonistic to the profession, whose conduct you deem unprofessional, or who is wholly unsuited to the case; also any one who is highly objectionable to you for personal reasons

or in whose keeping you deem your reputation and other interests unsafe. If you are attending a case, and such a one is pressed upon you, you have a perfect right to retire, and should at once offer to withdraw, and thus afford your patient the liberty of choice between you and your rival. Fortunately, such dilemmas are rare.

Do not refuse to consult with foreigners, female M.D.'s, colored physicians, or any other regular practitioners; for you, as a physician, hold a quasi-official position in the community, and, in the discharge of your duties, should know nothing of national enmities, race prejudices, political strife, or sectarian differences. RESCUE! is our battle cry, and you as a physician belong to the world of mankind, and have no right to turn your back on sick and suffering humanity, by refusing to add your knowledge and skill, on a plane of real and brotherly equality, to that of any other physician if his professional acquirements and ethical tenets give him a right to work in the regular field. It is not only unmanly to make a class distinction or throw obstacles in the path of the less favored, but such a spirit is wholly incompatible with the objects of our profession (which is a liberal one), and at direct variance with the spirit of medical science (which is cosmopolitan), and in its efforts to diminish suffering and baffle death recognizes neither caste nor prejudice and knows no limits except those of truth and duty.

But while you bid "All Hail!" and give the outstretched hand and the grip of fellowship to every honorable, unrestricted physician, and become the friend and brother of all who practice rational medicine; remember, on the other hand, that medicine is a liberal profession and not a mere trade, and refuse to extend the hand of brotherhood to those belonging to any party or association whose *exclusive system*, narrow creed, or avowed hostility to our profession prevents them from accepting every known fact and employing all useful remedies,

whether dug from the earth, taken from the air, or wrested from the sea—yea, to any one and every one who cannot honestly say his mind is wide open for the reception of all medical truths, and his hand shall not be withheld from using anything and everything under the blue vault of heaven that may be needed to relieve suffering and to save human life, as that constitutes a voluntary disconnection from the profession. When called to attend with such a one you cannot agree with him, and should let his retirement be the primary condition on which you will assume charge.

You may, however, be called to some case of pressing emergency, such as of alarming hemorrhage, poisoning, drowning, choking, convulsions, or difficult labor, and find on arrival that an Irregular, or quack, is in attendance, with whom you are thus brought face to face. In such urgent case the path of duty is plain, for, owing to the great danger to life, the higher law of humanity will require you temporarily to set aside ethics and all else, and to unite your efforts—head, heart, and hand—with those of your chance associates.

Thus, you see, there is not only no antagonism between medical ethics and humanity, but that they are compatible, overlook all questions of etiquette, and allow and cover any and every act honestly performed for the benefit of humanity.

The indications for rational treatment are usually so clear in such cases that no one can ignore them. If the Irregular has assumed charge before your arrival, and is pursuing proper treatment, or assents to the rational treatment suggested by you, that is all you can ask; for instance, if the patient has suffered a severe burn, and linseed-oil and lime-water or a solution of sodium bicarb. is being applied, or other rational treatment, indorse it, and advise its continuation; but if your accidental colleague wrongly insists on a wet-pack because he is morbid on the use of water, or obstinately advocates a lotion of cantharides because they burn and blister well people, it is

your duty to your patient, and to yourself also, to insist that a rational course shall be pursued if you are to take part in the case. Be cautious and firm in dealing with such contingencies; and it is a duty which you owe both to yourself and to your profession that you avoid formal consultations, whispering conversation, or any other act that might imply fraternal association, and terminate the unnatural connection —in a gentlemanly way, of course—as soon as the pressing urgency will admit.

Some unreasoning people may think you are illiberal in refusing to fraternize and consult with irregular practitioners, regardless of the fact that they have voluntarily divorced themselves from the profession and boastingly assumed this or that name intended to notify the public that their system differs from ours, and that they are hostile to ours and to us. Bear in mind that our refusal does not arise from either selfishness or prejudice, but that the great principle which underlies it is this: being lovers of *all* medical *truths*, we as true physicians have no fixed or unchangeable creed, but hail with delight every etiological and therapeutical discovery, no matter by whom made, and take by the hand and recognize as a brother *any one* who is liberal enough to consecrate his life's labor to the relief of the sick; but when we know that this or that person, even if he has an armful of diplomas, circumscribes himself to half a truth and practices a botanical system *only*, or, like a pigeon with but one wing, a vitopathic system *only*, or a hydropathic system *only*, or an omniopathic system *only*, or an electropathic system *only*, or an osteopathic system *only*, or any other one-idea system *only*, and is so tied down and limited to that, by his love, bigotry, or prejudice, that he *denies* the usefulness of all other known means of aiding the sick, and endeavors to poison the public mind against all therapeutics except those he uses,—all rational physicians esteem him *too illiberal* to be a true physician, and justly exclude him as un-

worthy of fellowship with those who love every truth; and, while he remains imprisoned within his own ball-and-chain system, themselves endeavor to pursue, with perhaps less zeal but with more sense, the onward path of science.

If, on the other hand, he uses the remedies that rational medicine supplies, yet adopts the cloak of this or that "ism" or "pathy," simply as an advertising dodge:—

Blow, bugle, blow,

to make the public believe that he holds dissimilar and antagonistic views, and practices in some manner diametrically opposite to us, and thereby assists our enemies to lessen public esteem for legitimate medicine, and to create aversion to us as its followers, he is guilty of fraud, and you should, therefore, even on the ground of morality, refuse to countenance him.

Be religiously exact in everything that relates to consultations. Let them always be conducted in proper form, and be strictly private. Before entering the patient's room give the consultant a brief sketch of the history and treatment of the case, then invite him to a chair at the bedside; hold no discussion as to the nature of the case before the patient, but after making the necessary examinations and inquiries retire and consult, within a room that is private and exempt from intrusion; exchange thoughts in an undertone, and out of sight and hearing of eavesdroppers, and, if possible, never let your conversation be overheard, for:—

The very shadows seem to listen,—

and never allow any one to be present except the physicians engaged in it. Pass lightly over what has been done to what must now be done. When the consultation ends, the attending physician should re-enter the sick-chamber and give all the directions, etc., determined upon in the consultation.

Consultations are called for the purpose of deciding for

the future, not to criticise the past; yet if you are called in and find that the attending physician is suffering unmerited odium for his previous treatment or ill luck, every principle of honor should impel you to defend him; and even when all is serene, a few kind words spoken in behalf of the attendant, by the consultant, after the consultation, often do him great good. Beyond this never pass any opinion on the plan of treatment within hearing of the patient or friends, unless it be approbatory of this or that already being done and where the circumstances truthfully admit of it.

Let all that follows a consultation show that you act in concert and that it is the result of joint action, and never express an individual opinion of a case seen in consultation, except in strict accordance with the ethical code. If you do, those whom you address may, either unintentionally or purposely, misinterpret what you say or otherwise discreditably involve you.

Remember, moreover, that if you are sufficiently agreed to continue in joint attendance, you are in duty bound to act in concert to uphold each other and to refrain from telling whose opinion prevailed or by whom the course pursued was suggested, and from all other hints and insinuations likely to diminish confidence in your fellow attendant.

If a professional brother ever requests you to see a case with him, not so much for the patient's welfare as on his own behalf, *i.e.*, to confirm a correct diagnosis, and thus protect him against unmerited censure, or to divide unusual responsibility toward a poor or worthless, but contentious patient, or to advise what course to pursue under any other very trying circumstances, you should lend him a ready and willing hand, and that, too, without expectation of a fee. It would be sad indeed were any honorable physician unable to find at least one medical friend to consult or advise without fee in such a dilemma.

Revere the past, have confidence in the present, and hope

for the future of our glorious profession; strictly avoid disparaging its individual members or the professsion itself, or telling people jokingly of the mistakes and discreditable dilemmas of yourself or others; and refrain from decrying and ridiculing medicine to the laity, and playfully boasting of your own and the general ignorance of disease and remedies, and of your distrust of your own capacities, or of the number of people the Young Doctors kill, maim, mutilate, or destroy in health, or that the Old Doctors let die by neglect, and suppress all other false or fulsome confessions:—

Much evil is wrought by want of thought.

When Damifiknow makes such unguarded and sweeping remarks, he means them relatively only; intends to say that he is aware and willing to confess that medicine has its natural limits, is not an exact science, and that the application of therapeutics is but an art and that it is as hard to heal a pin-scratch as to drag down a planet if Nature does not co-operate and assist. The public, however, cannot appreciate the sense in which such imprudent confessions are made; and they are taken up by Doubting Thomases and Lying Pauls as quickly as a sponge takes up water and are doubled the second time they are told and tripled the third. They work harm to the individuals who make them and to the profession at large, because, all who hear them conclude, with Tom Hood, that "it takes a great many M.D.'s to be worth a d—n"; that medicine is simply the art of guessing; that our prescriptions are but a budget of paradoxes and a series of guesswork; that medical practice is a shapeless mass of uncertainties, contradictions, and inconsistencies, as irregular and lawless as that of the winds; that we as its votaries are uncertain of anything, and certain that we are certain of nothing; and ever after tell yarns and make jokes at our expense:—

God cures and the doctors charge,—

and either do not employ physicians at all or do so with feelings of disrespect and distrust.

Every science has its difficulties; you know there is no such thing as a perfectly straight line, plane surface, regular curve, exact sphere, or uniform solid; yet you never hear the engineer or the surveyor boasting of it from the housetop or in reckless language as if to belittle his own profession. Look at the other learned professions: law is still very imperfect and full of uncertainties, and has its reproaching pettifoggers just as we have our quacks. Its books teem with conflicting opinions, and the best decisions of to-day are liable to be overthrown by others of to-morrow. Religion, too, has its opposing creeds, its rival spires, its innumerable sects, and its ignorant and often unprincipled expounders—sad proofs that Medicine is not alone imperfect:—

All things are big with jest; nothing that's plain
But may be perverted if thou hast the vein.

The truth is, physicians personally are far more imperfect than physic, because:—

The wisdom of medicine is greater than the wisdom of any one man.

For instance, there are undoubtedly medicines the action of which is diuretic; but diuretics may be given when not indicated, or the diuretic given may not be the proper one or it may be given in improper doses or at wrong intervals, or it may not be continued long enough or too long or without proper restrictions. Now, none of these errors are justly chargeable to the class of medicines which we call diuretics nor to the art of medicine, but to personal error in therapeutics, *i.e.*, either to the prescriber's bad judgment or to his ignorance. We all know that:—

A hand-saw is a useful thing, but not to shave with.

The fact is, every studious physician is more or less conversant

with all standard remedies, but skill in effecting a cure with them consists in applying what one knows correctly, in thinking of and selecting the best course; skill in proportioning doses, and genius in judging accurately the time and necessity for repeating them, etc.

The ability to determine correctly the condition of a patient: to estimate age, temperament, complications, power of endurance, etc., and do the right thing for him at the right time, is the essence of skill, constitutes the chief difference between the successful and the unsuccessful, and is the reason why the services of some physicians are much more valuable than those of others—in other words, the trait of timeliness is paramount and pivotal.

So, also, one may be a good scholar and not a good physician, may be theoretical but impractical; may know a vast deal in the books and yet be a very poor practitioner; may:—

Never say a foolish thing, and never do a wise one.

An illustration of this fact is afforded in the lecture-rooms and medical societies; for the greatest Ciceronian orators in the lectures and the most fluent debaters and cogent philosophers in medical societies, are not necessarily the best or most successful practitioners.

A judicious use of medicines and not a wholesale renunciation of them is a leading characteristic of a good physician. When you hear of one who wishes to be regarded as especially clear or exceptionally liberal in his opinions, boasting that he is skeptical, "does not believe in drugs," "depends on kitchen physic," "trusts to Nature," etc., you can safely conclude that he has a very weak link somewhere; either he lacks ballast, has mistaken his calling, or in his zeal to become a medical philosopher or to coquette with another's opinion, he overstates his credulity, has lapsed in his materia medica, or his usefulness has run to seed.

Does the mariner lose his faith in navigation because ships are tossed by the winds and waves and too often are wrecked by uncontrollable storms? Does the farmer deny the fertility of the soil because his neighbor has neglected the proper season for planting and the right mode of cultivation? Does he lose his faith in agriculture because droughts, insects, and irregularities of sun, rain, and frosts, sometimes ruin his crops? Would any worthy sailor fold his arms and do nothing while the storm raged, or any thoughtful farmer neglect to plant again when the season returned, because the sailor's brightest hopes are sometimes crushed and the farmer's fairest prospects are often blighted? Is the noble art of medicine to be abandoned because in some cases it is unable to do all that is expected of it? No:—

Medicine is God's Second Cause of Health,

and by it many a life is saved, and many a life is prolonged.

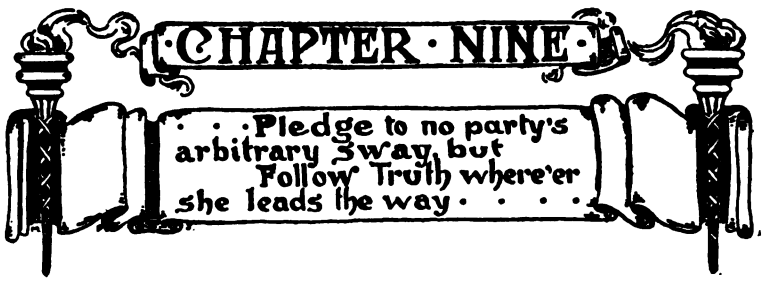
Is there a physician on earth who would let intermittent and remittent fevers take their course without drugs, or who would let syphilis, sepsis, and other poisons develop or progress without treatment? Is there one who, in the face of the positive facts offered by anatomy, physiology, pathology, chemistry, hygiene, and materia medica, will confess that he can do *nothing* for pain, or for fever, for nervous complaints, digestive ailments or chest diseases; nothing to prevent sepsis; nothing for diseases of the circulatory system, delirium, insomnia, headache, epilepsy, hysteria, gout, neuralgia, worms, colic, acidity, or peritonitis; nothing for constipation, convulsions, diarrhea, anemia, scurvy, cholera morbus, diphtheria, poisoning, or casualties? If there is one anywhere who does not sincerely believe in his power to help Nature to help herself in many of the twenty-four hundred diseases and modes of decay to which mankind is subject, he is a medical infidel and should at once take down his sign and burn his diploma.

What think you of a man preaching religion and living by the pulpit that does not believe in religion?

The tolerance of disease has greatly increased in the last few decades, and is still increasing, and medical methods are undergoing great changes. The advance of scientific observation is constantly teaching us to distinguish more clearly between the numerous self-limited cases daily met with and the few that threaten a fatal issue, and of course physicians of to-day use much simpler remedies and less for the former class, and prescribe more accurately for the latter than our predecessors did; but in serious illness it is doubtful whether we have lessened our doses of standard reliable remedies half as much as some imagine. We now give twelve or fifteen grains of quinia daily for an intermittent fever, where physicians formerly gave half an ounce or an ounce of crude bark containing but six to twelve grains. We give to-day the same dose of opium, or its representative, morphia, when that drug is indicated, as our predecessors gave a hundred or a thousand years ago; the same quantity of castor-oil at a dose, and so on throughout the whole materia medica. The great difference is that there is now less vague and rash prescribing, and when cases are trifling, obscure or undeveloped, the treatment is tentative instead of heroic.

We of to-day know better than our predecessors the natural history of disease, are aware of the almost infinite resources of Nature's great laws, and that three in every ten of those who send for physicians need no active medication: that recovery from disease is everywhere the rule, and death the exception; and that by proper hygiene, air, exercise, dieting, and intelligent nursing nine of every ten would eventually get well if there were not a drug or a physician in the world, whether well treated, ill treated, or not treated at all, and consequently we are prescribing less medicine and better medicine. In acute affections, and especially in the cyclical diseases

of children, we now, in many cases, trust chiefly to Nature, and see them get well from seemingly hopeless conditions almost as if by magic, and these cases constitute a majority of those that seem to be restored to rosy health by various therapeutical illusions and quack medicines. Ignorance of this fact has not only robbed Nature of her credit in millions of cases and led thousands and thousands of medical men with honest intentions astray, but has also been a bonanza to numerous false systems of cure and a successful hunting ground for hordes of shameless impostors in every age and in all parts of the world.



NOTHING under heaven prevents you from giving whatever you believe to be the best for your patient, whether its therapeutical action be similar, antagonistic, or anything else in the circle; but if, in so doing, you adopt any narrow or foolish dogma, or an exclusive system, and close your mind against all other ascertained truths, your one-sided partisanship will fetter you, abridge your usefulness, and make you unfit for fellowship in regular medicine. Thus, when Priessnitz, with his wet sheets and water-tub, shut his eyes to everything but hydropathy, and Thomson condemned everything but herbs, they each threw away a host of axiomatic truths and potential aids for vain and fanciful speculations, and thereby shut in and lessened the usefulness of all who follow them.

Agriculture, navigation, printing, and every other human occupation is advancing, but medicine by experiment and science, more than any other, is compelled to march forward; it has no goal, its distinguishing law is PROGRESS; and stagnation never occurs; hence it never can be either a perfect or a stationary science; not a single one of its departments has yet reached scientific exactness, and probably never will. We all know that:—

Science moves but slowly,
Creeping on from point to point.

But, if any one doubts the progress of medical science, or

rather the family of sciences on which it is founded, let him turn to the medical works of a hundred years ago and then to the standard works of to-day and behold for himself.

We, as regular unrestricted physicians, being absolutely free to think and to act, are striving to bring its various branches as near to perfection as possible, and are anxious to learn medical truth and scientific wisdom wherever they can be found; and there is to-day nothing of any value in any exclusive system or school that is not taught by the teachers of the regular profession.

When "New Schools," "systems," "reforms," or "creeds" arise, if they possess any new or valuable truths or remedies of ascertained merit, or give more light, more knowledge, or more power, no matter how great or how small:—

There are mites in science as well as in charity—

whether taken from the animal, vegetable, or mineral kingdom; from sponge, weed, insect, or rock; product of wilderness, ocean or prairie; we instantly adopt them for what they are worth and add them to the great mass that forms the resources of regular medicine. Thus you see:—

Regular physicians are the only eclectics.

Irregulars of every kind know that to exist they must be at war with the regular profession, hence they style us "The Old School," etc., to make it appear to their patrons that a "school," or "creed," is necessary, and that every physician must bear the trade-mark of some restricted sect, with wide-apart principles; and that the Regular profession is merely one of these restricted sects, with hoary dogmas, and an old-fashioned and moss-grown creed, twenty-four centuries old. That:—

Slavish fools, with ancient rules,—

we are old fogies, with bygone habits, and old-fashioned ways

of thinking, which, though good enough a hundred years ago, are now inadequate, behind the times, and on their way to the dust-heap of oblivion. Their aim in doing this is cunningly to draw regular physicians on to false ground before the public, and to obtain for their own ism or pathy the honorable distinction and the business advantage of appearing to stand coequal with us; just as in religion one sect—Jews *versus* Gentiles, or Catholics *versus* Protestants—stands with reference to another, and in politics Republicans *versus* Democrats, but always that we of the regular profession are "Old Physic," and they "Young Physic."

Faugh on such nonsense! Who are the heroes of medical science, reaching in an unbroken chain from Hippocrates to Pasteur, Lister and Roentgen? What leaders of thought and action are to-day, as ever, bearing forward the banners of medical progress, and making the torch of truth and light shine over the hilltops of medical discovery? Regular physicians and their allies! Who are to-day the great authorities, and who hold the most advanced views on anatomy, physiology, pathology, gynecology, ophthalmology, insanity, bacteriology, etc., everywhere and in every way:—

Success the most distinguished?

None other than regular physicians! Where stand quacks and irregulars of every kind in the upward track of scientific medical progress? What have the enemies of regular medicine done for science? Nothing at all!

There may be intensely earnest men in the ranks of the irregulars, but we know of no noted scientists among them, because worthy men all know that it is as impossible for a talented medical man to attain rank and success in medical science by following any exclusive system as it is for a hen to hatch a chicken out of a china egg.

Remember, that it is not on account of their therapeutics

at all that we object to exclusive systems and refuse to fraternize with their followers, but because each and every one of them denies the usefulness of remedies taken from any source but theirs; each assumes dogmas and systems that are limited, and each decries and denounces all but theirs.

Were you to announce yourself as an anti-botanic, anti-omnipathist, anti-allopathist, anti-eclectic, anti-electropath, anti-hydropath, anti-osteopath, or anti-anything else calculated to lessen your field, or to produce division and strife, it would be unprofessional and equally as inconsistent with the spirit of scientific medicine as the system you were opposing. It would abridge your usefulness and render you unworthy of professional fellowship, just as it does every one else who follows limited creeds.

Although it is foolish to spend precious time and labor in acquiring knowledge of anything that is useless when known, yet it is well to look into the principles of the various mushroom creeds and dogmas, to be enabled to speak of them somewhat from personal knowledge and to checkmate their representatives, who, in their arguments to the laity, make great capital out of knowing all about the "old-school system," which each, of course, avers does not compare with "ours."

When people ask you what system of medicine you practice, you can very properly reply that you are simply A PHYSICIAN, a member of the regular, unrestricted medical profession, that you have no fixed orthodoxy, belong to no sect, and are limited to no "ism," "pathy," or "ology"; that you stand on a broad, UNSECTARIAN platform, and are at liberty to think and do whatever you may, only seeking to do the best for every sick sufferer who trusts to your skill and honor; that accordingly you try to be rational, and, like the bee, take the honey of truth wherever you find it; that as rational, liberal physicians, the regular medical profession, to which you belong, has no branches, no sects, no whip-wielding dogmas, no creeds,

no pathies, and bears no man's name but is simply the work of the human race:—

A mighty maze, but not without a plan,

and is held together solely by the common bond of rational medicine; that you maintain perfect freedom of opinion and practice, select any remedy you please, in whatever dose you please, and under whatever theory you please, and that unlike the various "limited schools," it has no articles of faith which it imposes on any one, but believes that:—

Every addition to true knowledge is an addition to human power,

therefore accepts all truths, whether winnowed from the storehouse of bygone centuries or discovered, either scientifically or empirically, in our own day; and that you, as one of its representatives, stand ready to light your torch by any man's candle, and to embrace and utilize any and every useful medical discovery, no difference when or by whom made:—

We should this good lesson keep,
As pilot to our hearts.

This freedom and latitude explains why REGULAR MEDICINE IS ONE OF THE THREE LIBERAL PROFESSIONS, and why the humane and benevolent physician of the body takes rank with the learned expounder of the law and with the worthy man who inculcates religion; all three uniting to protect the interests of soul, body, and estate. Bear proudly in mind, however, that our God-adoring noble and universal science is the only one which relates to the entire man, physical, intellectual, and moral; for the lawyer looks on a man merely as a being possessing certain rights, and subject to certain duties to his neighbors, which should be regulated by the eternal laws of equity, while the divine looks on man simply as a moral, responsible being, living with faith in things hoped for, who has, or should have, a conscience, to which his ministrations are directed.

To this triad of professions was long ago applied the term "LIBERAL," because for their pursuits—preventing and curing sin, preventing and curing disease, and preventing and curing legal wrong—each of the trio requires the utmost perfection of character; and because the high-souled sons of law, of religion, and of medicine have in all ages pursued their vocations as freemen, with hands unfettered and tongues untied, subject to no bonds except those of TRUTH; and yet, as if to blur the grandeur of the picture, law has its shysters, religion its hypocrites, and medicine its pretenders.

If at any time during your career any new sect, schism, or one-sided school arise, no matter how great or how humble its pretensions, if it have even one grain of life-saving or health-guiding wheat to its bushel of chaff, it is your duty to seize that grain, plant it in the domain of rational medicine, and to cast the chaff, brambles, and thistles to the winds, for thus:—

Link by link, the chain is made.

This never-ending struggle to enlarge our field of knowledge from all possible sources is our life-blood, our invincible strength, and our distinction, and is the undying feature that will cause regular, rational medicine to go onward:—

As a stream rolls down, enlarging as it goes,

through all the years of all the centuries, yea! as long as there are sickness and suffering in the world! And this is the feature that distinguishes regular medicine from all "new schools," "isms," and pathies, each and every one of which, lacking this, contains the germs of its own destruction.

Remember that regular physicians have no secrets, no patents, no monopolies; and that our books, our colleges, our laboratories, our lecture-rooms, our medicines, and the doors of the profession itself are all open, not only to the newly graduated and the regularly initiated, but to every one who has

the necessary educational and moral qualifications, even though he may have been allied, whether from ignorance or choice, with schools or sects which are antagonistic. In the latter case it is only necessary for the applicant to drop his distinguishing creed or system, abandon hostility to the regular profession, and allow ethical rules to govern his conduct. Therefore, no conversion, no standard of orthodoxy, no recantation or surrender of private opinion or of favorite theories and hypotheses or of unlimited freedom to practice as he chooses, is at all necessary; and:—

With malice toward none and charity for all,

should not each and every one of such be encouraged to cease to foster irrational, absurd, and credulous doctrines and to come and share with us the honors and the rewards of rational scientific medicine?

We condemn no system or discovery ignorantly, on the principle which governs the Indian who disbelieves in the locomotive and telegraph, or on that by which Galileo was persecuted, which persecution was theological, not scientific:—

Bigotry is not a medical trait;

neither do we accept anything as a blinded Hindoo does his religion; but, on the contrary, thousands of deep-thinkers and clear-seeing men of astute intelligence, all the world over, both in hospital and private practice, with open eyes and alert ears, solely for the purpose of ascertaining the truth for the benefit of medical science and of suffering mankind:—

Seeking truth for the good of all,

eagerly, fairly, and deliberately examine the claims, scrutinize the pretensions, and test all the alleged important discoveries, plausible theories, and so-called reforms in medicine from A

to Izzard when they arise, and by the conjoined result from thousands of sick-rooms and hundreds of laboratories give a true common-sense verdict:—

When free from folly, we to wisdom rise.

And it is no more necessary for every succeeding generation, with more useful things to think about, to turn aside and resift, reweigh, and rejudge visionary vagaries, nonsensical ideas, methods, schemes, and systems that have been a hundred times disproved, and to turn each outside in and inside out, upside down and downside up before rejecting it, than it is for every individual to study spiritualism, Hindooism, table-turning, the Book of Mormon, Christian Science, and all other freaks, frauds, frenzies, jackassical doctrines, therapeutical follies, and theoretical crazes, after thousands and tens of thousands have proven them false.

One of the most amazing of all wonders is that wisdom in law, sapience in theology, acumen in the sciences, skill in the polished arts, or keenness in other departments of human knowledge scarcely increases some people's reasoning powers a jot above the ancient Egyptians or a baby, in medical matters, or prevents their being led astray by false pretense of cures remedies, specifics, and antidotes.

Thousands of people still yearn after the supernatural. More than one intelligent citizen continues to put knotted red strings around children's necks to cure whooping-cough, or a bag of camphor to ward off the epidemic; more than one sea-captain carries a "tater" or a "chunk" of brimstone in his pocket, or wears one stocking wrong side out, to charm away "rumatiz"; more than one millionaire would vow that globules of tartar emetic have restored his strength; and such is poor human nature that many a one is actually ready solemnly to certify that this, that, or the other worthless quack swindle has saved his life, yea, even after he had stood on

the volcano of death and heard the rustling of the black angel's wings fluttering over him!

How any individual can be a wise logician in all else, and yet, as soon as sickness attacks him or his, leave all reasoning behind, and with open mouth and closed eyes become an easy, almost voluntary, prey to shallow quackery, and exhibit the strongest faith in sophistical pretension whose assumptions are glaringly contrary to common-sense, is a psychical enigma that almost weakens one's faith in the common-sense of mankind.

Avoid discussions at all times, except on medical subjects, as getting mixed up in disputes and arguments excites enmities; and never hold joint debates or controversies even on medicine before the non-professional public, with Irregulars, noisy quacks, wrong-headed enthusiasts, or professional agitators:—

Bold in the practice of mistaken rules,

either through the newspapers or in any other way, because no matter how false their doctrines or how shallow their pretenses, or how easily their weak arguments are refuted by stronger ones, such joint discussions and rejoinders, with this or that person:—

Slick enough to prove that black is white as fast as a horse can trot,

whether by speech or pen, with the public as umpires, would result in no good, but give Please-Persecute-Us-and-Co. an opportunity to make the very noise and clamor they desire. Every cuff and every criticism would bring them into greater notice, gain for them new partisans, and give them a fresh chance to cloud the truth, to raise other false issues, and to pose as martyrs to Old School Persecution, on the principle that the blood of the martyrs is the seed of the church.

Shrewd aggressive people may make a hobby of almost any plausible thing, progress in it, and gather partisans too, if

they will push it with boldness, zeal, and perseverance, especially if they can manage to adopt the cry of "Reform" and "Persecution," to aid them; but they will inevitably cease to make proselytes and sink from sight as soon as their hobby becomes stale:—

Up like a skyrocket, down like a stick.

You will occasionally be called to patients who, in a spasm of prejudice or on account of the blunder or misconduct of some unlucky or incompetent member of the profession, strayed in disgust from regular medicine years ago, when bleeding, blistering, emetics, etc., were fashionable, who will be surprised to learn that modern medical practice has entirely changed, and that your therapeutics differ very decidedly from those of Professor Oldkind and Doctor Van Winkle, and that you have learned to unlearn many things and have not taken an oath to practice as our great-grandfathers did, but are governed by the newer and better twentieth-century methods. If you are prudent and circumspect, and treat their prejudices with tenderness, most of these can be permanently reclaimed; then, fail not to:—

Grasp the skirts of happy chance.

But few of the really sick who are persuaded into giving false and one-idea systems a trial become converts; commonsense prevents. Therefore be careful not to banter, irritate, or abandon those who are trying an ism or a pathy, and *believe in it a little*, lest from combating their maybes, questioning their prudence, and forcing argument, you drive them into these vagaries permanently, and make their prejudice against us as bitter as it is groundless, for:—

One believes that easily which he hopes for earnestly.

Should one even contend that the earth is three-cornered, that pumpkins grow on trees, that white is the same as black, that castor-oil is made of dead men's bones, that a horse-

chestnut and a chestnut horse are one and the same thing, that he has seen a red calf with blue eyes changed into a blue calf with red eyes, or that this or that nonsense has saved his life, laugh in your sleeve if you must, but do not combat him too fiercely; for pride of opinion and determination not to be browbeaten into recantation are unfortunate impulses to arouse, especially in conceited and silly people who admire their own ingenuity in discovering arguments, and will certainly turn their heads and drive them to take sides against you with energy and zeal, possibly to swear by the error in all the moods and tenses, and thenceforth to decry rational medicine to the full extent of their influence, for:—

> **Faith, fanatic faith, once wedded fast**
> **To some dear falsehood hugs it to the last.**

It is possible for a person to convince himself of almost anything if he has a strong bias that way.

When a belief in irregular medicine or in quackery is asserted in mixed company, it is far better not to enter into discussion, but remain silent. If in exposing any delusive or false system, you are careful not to denounce it with too much warmth, as though prompted by prejudice or self-interest, and confine your condemnation strictly to the impersonal, abstract subject, showing that you speak your real sentiments from sober reason and conscientious devotion to the truth; and if you avoid appearing anxious to hoot down or excite hostility against the individuals who appear to practice it honestly, your reasoning will have a great deal more weight than under the reverse circumstances; for human nature is such that, even if a system or creed in medicine be false, unkind or untrue, abuse of its representatives will be one of the surest ways of commending it to public favor, and, therefore, is what Irregulars themselves most heartily desire. A good rule is this: If anything be dishonorable or unlawful, direct your chief war-

fare against the wrong-doer; but, on the contrary, if a scheme or system be lawful, but erroneous, confine your opposition to the thing itself, as it is neither necessary nor wise to charge anything against the character of its representatives.

Ours is the age of quackery,—grim, gaunt, hideous quackery, in a thousand forms: quackery in law, quackery in religion, quackery in medicine, quackery in everything. Medical quackery subsists on credulity, gullibility, and ignorance, and, whenever you have a fair opportunity, it is your duty to raise your voice against it and aid to:—

Hiss it 'round the world,

and to save as many as possible from its unclean clutches.

Medical laws that discriminate in favor of the true men of science and integrity, and against the empiric and impostor, are everywhere essential to the public health and the public safety; but some of our States have no medical laws at all, and their common laws do not protect their citizens against imposition by the radically deficient, or enter into the slightest consideration of the worth, or worthlessness, of various isms. ists, and pathies, but recognize all kinds, regular, irregular, and mongrel—even down to impostors who never saw farther into the human body than the skin—precisely as they do the regular profession; therefore, if you ever occupy an official position under such laws, you will have to recognize certificates of death, vaccination, life-insurance, etc., given by pretenders, no matter how fictitious their pretensions, or how profoundly ignorant of common medical truths, just as you do those of intelligent, honorable physicians. In a word, you will have to recognize officially every person whom the law recognizes.

State medical laws that indiscriminately authorize all kinds of:—

Eye of newt and toe of frog,
Wool of bat and tongue of dog,

fools and fanatics to practice Trickology are impaired to a corresponding extent. What we need is efficient laws for the protection of the people—laws that, while recognizing and protecting the rights of all educated physicians, without regard to creeds or modes of treatment, would unsparingly uproot and weed out the whole viperous rabble of abortionists, itinerant swindlers, faith-cure pretenders, loud-mouthed street-corner fakirs whose methods suggest the query:—

If a man bloweth not his own horn,
By whom shall the horn of that man be blown?—

"rute dokters" who cure cancers that are not cancers with their "passel of yerbs," who neither read nor write, but got their "TOLERABL' SARTIN' LARNIN' ABOUT RUTES AND YERBS" "BY 'SPERIMENTS" or "by revelation from the Lawd":—

Just befo' de wah,

and other soulless incompetents and frauds without either training or character, who cannot write a line of correct English, and know as little about a physician's duties as they do about a geometrical icosahedron or the hypothenuse of a right-angled triangle, but pretend to answer the unanswerable and to cure the incurable, yea:—

Expunge the whole.

Just laws requiring written examinations upon the fundamentals of Anatomy, Physiology, Chemistry, Surgery, Practice of Medicine, Materia Medica, Therapeutics, Obstetrics, Gynecology, Pathology, Medical Jurisprudence, and Hygiene, should be enacted and rigidly enforced in every State, instead of weak laws that confound the worthy and the worthless, the skilled and the unskilled, the educated and the ignorant; and not only compel those who administer them to recognize a whole troop of "nat'ral born," "darned" dunces and boobies, but also lend respectability before the public to knave-quacks,

swindlers and rascals who justly deserve a stuffed club, or the cat-o'-nine-tails, or possibly a dose of exterminating electricity, or a halter of hemp:—

But when you see that blessed day,
Then order your ascension robe,

for medical quackery seems immortal:—

It is as old as the itch.

Mixed examining boards are objectionable; better to have separate boards, each consisting of seven members, the Board of Regular Physicians to examine all who wish a license to practice Regular Medicine in the State; the Eclectic and others ics and isms each to do the same for theirs, as in the present medical law of Maryland.

Would it not be wise to have all medical diplomas and official certificates in plain English instead of being mystical documents in a dead language? Then everybody could read and see what each was, and when, why, where, and to whom it was given.

Strange to say, nowadays there exists a popular sentiment against the regular profession; and the public, blinded by the waves of sophistry and swayed by the winds of false sentiment, instead of siding with our opponents only when they seem right and turning against them when they are wrong, invariably ha! ha! ha! and, with gross unfairness, side with the "new school" or the patent medicine man, or the quack agitator, or anybody else, whenever a contest arises between them and us:—

Truth forever on the scaffold;
Wrong forever on the throne.

Even the press seems to delight in aiming sharp shafts at the regular profession and creating popular sentiment in favor of our enemies, by making invidious comparisons between their modes of practice and ours, telling, in highly colored terms, of their wonderful success and their steady growth in public

confidence. Censorious editorials and arm-chair lampoons are frequently written on our arbitrary exclusiveness, our bigotry, etc.; our bickerings and our disagreements are also glaringly magnified, and our professional squabbles and disputations are reported in a sensational way, all apparently to antagonize and decry us, and to cheer on and assist the onsets of Irregulars and advertising quacks, under the false but potent cries of "Reform," and "Old School persecution."

You will find that if a person happens to get better, even of an ordinary affection, under the chance play of an Irregular, or by fool's luck when taking a quack medicine, it attracts general attention and every one will applaud; whereas, if twenty important ones get well under the skillful practice of regular physicians, it is considered quite a matter of course and scarcely excites a comment.

It is said the Chinese are so expert in making much out of little that they can live and fatten on what Caucasians waste. In the same degree, Irregulars and quacks thrive on the quickening influence of the emotions—expectation, faith, hope, etc. —which we, with our minds fixed on more tangible agents, neglect far more than we should. For proof of the mighty power of the mind over the body, look at the liver-pads, plasters, amulets, charms, and dozens of other tomfoolery agents now in vogue:—

Doing miracles for fools,

which the old and young, black and white, educated and illiterate, are praising, almost as if they had fallen from the skies.

Fashion and wealth also exert a powerful influence in medical affairs; and, unfortunately, the majority of the wealthy and influential are always on the lookout for something new, and foster with their influence and patronize with their wealth almost every pathy, ology and ism that arises, and do much to make them popular and fashionable.

Many Irregulars have still another source of eclat: Having the humbug element fully developed in them, they, with great swelling words, and a jargon of technical terms, magnify what we would call a slight cold, or tonsillitis, into "congestion of the lungs," "broncho-pneumonia," a "touch of consumption," "diphtheria," or "post-nasal catarrh"; dignify what we call a disordered stomach into a "gastric affection," a wind colic into "borborygmus," a wen into a "cancer," etc., for the removal of which mountains of danger they are duly credited and fully paid, and these patients are added to the list of "saved," and the multitude stand with eyes, ears, and mouth all open and wonder at the miracles, all fully convinced of that ism's or pathy's remarkable power in those diseases. There is a fellow in our section who works this trick so adroitly that he actually reaps more credit from mistreating a case that dies therefrom than you would receive from one properly treated that gets well, and receives more credit and patronage for stopping a chill and fever in seven days than a true physician would for doing the same in a day or two; verily might we proclaim that in medicine:—

This world is a strange affair.

Another reason why Irregulars get cases is, that if a physician grows tired of a case and loses interest, or the patient gets tired of him and loses faith, the family is apt to desire a change of treatment, and fearing the attendant would become offended were they to dismiss him and employ one of his brethren, they get an Irregular, under the belief that he will feel less hurt if they dismiss him under the plea of trying "a different system" of doctoring than on any other pretext. Besides: there are about nine times as many regular physicians as there are irregulars, and there are naturally more stubborn cases, and more dissatisfied patients, to turn from our larger number, to "try another system," than there are to come

from their smaller number to us. We suffer more because we have more to lose.

Irregulars have thus been catching troops of patients under the idea that they are "specialists in therapeutics." The advent of regular specialists is a godsend to us in this respect, as nearly all of our stubborn cases now fall into their hands instead of wandering off, and are thereby kept in the hands of the regular profession:—

For this relief, much thanks.

Again, a physician is sometimes compelled to tell disagreeable truths, and to give a gloomy or despairing prognosis; and this, on the principle of a drowning man catching at a straw, is apt to make the patient and his friends argue thus:—

He can but die,

and as regular medicine offers him no guarantee of safety, it is better to transfer the case to this or that Irregular, or to some noisy quack, who makes great pretensions and rosy promises.

Another reason why Irregulars have partisans is, that regular therapeutics are unsuited to the peculiarities of some irredeemable dissenters and other products of bad philosophy and worse theology, and can never obtain their confidence. Some of these, with scales over their eyes and hoods over their ears, would almost rather die under the hands of an Irregular than to recover under a Regular:—

Throw physic to the dogs! I'll have none of it!—

and others whose condition of mind prefers the reception of the false to that of the true:—

Anarchists toward science,

who would rather be told what to do by a bootblack, or a

drunken barber, than by any regular physician, "who, in their opinion, always kills more than he cures":—

Down with the creed of science.

There is, also, in every larger community a sprinkling of extremists and Pharisees, for:—

Nature in her time has framed strange bedfellows,—

long-haired men and short-haired women, of every conceivable type of mind,—opponents of vaccination, Spiritualists, Christian Scientists, and other well-known revolutionists and malcontents in every community, who for one cause or other are imbued with bitter antagonism or maniacal hatred to the regular profession, and live:—

In ceaseless opposition,

and the fellow who discards it is their doctor; others are opposed to "mineral pizens," and believe in vegetable remedies only; the prescriber of "yerbs" is their "dokter":—

Yes, we are with him,

and all such unite, by affinity, and common hatred to love, abet, and support the various isms, systems, and sects that practice in opposition to us, and, of course, the demand creates a supply, and these people constitute:—

The soft, easy cushions, on which knaves
Repose and fatten.

You will find that not only in medicine, but on every important subject, when the plain common-sense of mankind reaches a conclusion, there are always persons who think they exhibit superior qualities of mind by reaching the opposite conclusion, and will contend bitterly on points where rational doubt is impossible. Other "intelligent enemies" think it evinces great natural acuteness of intellect to cling to the

opposition, and imagine they thus exhibit greater penetration and more sapiency.

Still another reason why Irregulars get patrons is this: they all take care to announce that "WE" cure by mild means or harmless methods, and not by complicated, painful, or dangerous measures, bloody operations under anesthetics, or other repulsive life-saving expedients that science teaches truer physicians to use—against all of which they have, by false assertions and fallacious statistics, created much of the existing prejudice and abhorrence:—

Fear has big eyes.

So great, indeed, is the popular dread of what physicians *might do*, that, in choosing a medical attendant, the nervous and the timid, the friables and the feebles, who constitute *seven-tenths* of all the sick, are inclined to shun Prof. Sawbones, Dr. Doubledose, Dr. Drastic, Dr. Cutemupalive, Dr. Bigpill, Dr. Caustic, and all others who treat heroically and enforce rigid discipline, and to seek Prof. Lamblike and Dr. Golightly:—

As mild as milk, as soft as silk,

who undertake to cure without cutting, and use moderate or pleasanter even though less efficient means.

The rational treatment of the sick varies from expectant to heroic, according to the exigencies of each case, and you must learn to distinguish cases in which you can safely depend on Nature from those that Nature cannot combat, and treat each accordingly; for when you learn to recognize those who need an ounce of medicine and a grain of policy from those who need an ounce of policy and but a grain of medicine, you will have entered upon one of the paths of wisdom, and will make both yourself and your profession more useful and more acceptable. When you have a Lah-de-Dah patient, with taste or imagination unusually developed, who needs little or noth-

ing, pay some attention to fastidiousness and prejudice and for mercy's sake don't violate common-sense and try to force upon him some horrible mixture that seems as if made of dead men's skulls or powdered mummies, or some horribly bitter infusion, or a large bottle of muriated tincture of iron and quinia, "to be taken through a tube," or other medley of nastiness, as if your chief aim were to nauseate and disgust. Give no one anything stronger or coarser than he actually needs and never prescribe an offensive mixture when a palatable one will be equally serviceable.

Also, handle all who have highly impressible nervous systems, or sensitive skin, delicate palates, tender throats, treacherous stomachs, strong personalities (and wry faces), with diplomatic delicacy and be careful to avoid all useless severities, and give them the most agreeable and most palatable remedies possible, consistent with efficacy, and never give more than they can easily bear. The recent great improvements in the forms and palatability of medicines, in addition to your own knowledge of the elegant, offer you splendid opportunities to do this.

If you keep clear of people's prejudices, and offend neither their eyes, their ears, their nostrils, their palates, nor their stomachs, you will often succeed where neglect of these precautions might drive them to some other physician. Bear constantly in mind that operations which fail, or disagreeable medicines used unsuccessfully, if they have given pain or great inconvenience, will injure your reputation, or even cause your dismissal. Therefore, give hypochondriacs, dyspeptics, and other:—

Pooo-oo-oo-oo-r R-o-s-e W-a-t-e-r Cre-e-eatures,

who are fond of attention, but not of medicine, small, tasteless, or palatable remedies, and, unless there is a real necessity for it, do not oblige anybody to take medicine before break-

fast or to be aroused for that purpose during the night. With such people make free use of local applications and of the elixirs, fluid extracts, sugar-coated granules, pepsins, emulsions, troches, lozenges, capsules, and other results of artistic elegance and chemical accuracy now kept in every drug-store.

Never spoil a prescription by adding two or three different flavorings or pleasant adjuvants that will mask or take away the individuality of each other.

Overdosing, blood-letting, salivating, purging, etc., are now justly unpopular, and conservative, reconstructive medicines are in vogue. Almost every sick person is filled with the belief that he is debilitated, and favors blood-getting instead of blood-letting. Say to the average patient, "You are weak, 'below par,' and need building up," and you will at once see that you have struck his key-note. So much is this the case that many people will want you to treat them with tonics and stimulants at the beginning of illness and even when these medicines are contra-indicated.

Never attempt to force the use of a remedy—mercury, arsenic, iodide of potassium, opium, asafetida, valerian, etc.—on a person after he has exhibited an idiosyncrasy or a hatred toward it. Also, when possible, try to change the form of your prescription from pills to powders, or from liquids to capsules, or from sweet to bitter, and *vice versa*, for those who desire it.

A good plan to pursue with patients who need the prolonged benefit of two different medicines, when it would be too much to give them at alternating hours every day, is to use one to-day and the other to-morrow; for instance, if a nervine and a tonic are prescribed separately, let them take full doses of the nervine on Monday and full doses of the tonic on Tuesday, nervine on Wednesday, tonic on Thursday, etc. Almost any patient can and will alternate thus without tiring.

The smaller the means that seem to produce the desired

result, the more surprising does it appear to a patient. It does not seem wonderful to him that he should get better after taking an ounce or a pint of anything, but for:—

Presto, be gone!

relief or improvement to follow a tiny morphia powder, a pellet, a tasteless solution, or a granule with scarcely any length, breadth or thickness, appears marvelously strange, and commands the wonderment and loud praises of the patient and the astonishment of those around him.

If, instead of being simply a prescription-writer, armed with paper and pencil only, you will keep at your office, and also carry with you a few reliable well-chosen remedies: morphia granules, compound cathartic pills, quinia pills, Dover's powder pills, strychnia granules, etc., to give at night visits, sudden emergencies and on every other suitable occasion, you can partly meet all your business opponents in the matter of free dispensing, and also reap as much benefit as they from the mystery that envelops the name and nature of the drugs given. Besides, many patients pay a bill for services and medicines combined much more cheerfully than one for services alone.

Above all else, carry a supply of morphia granules or tablets, and give the proper number of them in an ounce or two of hot water as soon as you reach either of the thousand cases in which great pain is a symptom. By so doing you can adroitly meet the emergency, relieve the suffering, and show your power over pain before the messenger could get back from the pharmacy with the remedy you would otherwise order. It also often prevents the necessity of writing several prescriptions.

Rest for the patient is rest for the nurse, and, when all around are broken down and worn out, this becomes an important consideration, especially where wife or mother is compelled to be the nurse night and day. The value of a

night's rest to an ill patient is often incalculable, and to secure this a morphia granule from the physician's pocket is highly valuable, even when it forms no essential part of the treatment. You can also use them to give many a jaded sufferer an occasional night of delicious visions, or of placid slumber, that will make him wonder what became of the night:—

More like a miracle than a medicine—

and he need not even know what the agent was. Given thus they make a vivid impression in the physician's favor, and do great good, becoming, in fact, almost a perfect substitute for morphia hypodermically.

Endeavor to please every one's taste and ideas of medicine as far as is compatible with his safety, and bear ever in mind that a human being is something more than a stomach and body. Study the various psychological aids, and try to compel the patient to assist mentally in curing his own case. Carefully avoid overdosing, and remember that the very persons who are most fond of taking medicine may become surfeited and undergo a complete revulsion against both medicine and physicians. How can we wonder at this, when too long a continuation of beefsteak, partridge, or other savory food causes disgust even in well people!

This tendency in the human mind has recently received a wholesale illustration and at our expense, in this way: Satiated and disgusted with crude and overactive measures, thousands of people everywhere were wishing for a change, when:—

Lo! like the coming of a comet,

Samuel Christian Friedrich Hahnemann, of Meissen, Germany, appeared, with a fantastic system of:—

The infinitely little,

based on Similars, Attenuations, Succussions, and Dynamiza-

tions, the startling audacity of which served to advertise both his system and its disciples, and to placebo its patients without offending either eye, palate or stomach.

So strong was the reaction against what he vehemently decried as "Allopathy," that this silly system and its apostles secured a large and earnest following, and enjoyed the sunshine of popular favor to such a degree that it became the leading *ignis fatuus* of the nineteenth century: like unto a fat cow grazing in a green pasture, yielding much silvery milk and golden butter, and there probably never arose a lawful human occupation, except the patent medicine business, that insured such a large return of solid money, for the amount of knowledge and capital required, as the practice of Hahnemann's system, which made it a godsend to hundreds of our visionaries and to thousands of our unsuccessfuls, who with a loud flourish of trumpets, promptly took up "The New Science"; and it was the extolling tongues and laudating pens of these that gave it a start among the people.

There can be no doubt that this rival would have long ago sunk from sight had not our predecessors:—

Sat in their arm-chairs and snored,

and been so long in awakening to the demands of fashion, particularly with reference to medication in slight and imaginary affections. But Regular Physicians are now wide awake to the importance of this fact, and are administering more useful and more palatable forms of medicine, and, with our improved modern remedies, are effecting cures with greater certainty, promptness and safety than ever before. The result is that thousands of wanderers are being brought back to renewed faith in Regular Physicians, and the standing of the regular profession before the world is now being made a great deal stronger and a great deal better every year.

You are duty bound to use your best judgment and

earnest endeavors for the benefit of every one who comes under your professional care, but neither the Code of Ethics nor the Code of Honor forbids your setting your sails to any and every popular breeze, provided you violate no principle of truth or justice. No honest man can compromise a matter of principle, *i.e.*, knowingly quit the right for the wrong or sell the truth to serve the hour, or for one moment permit policy to sit above honesty; yet it is sometimes very foolish not to compromise a matter of mere policy.

In medicine, the second-best may become the best, if the patient likes it best; and, although you can neither believe nor follow Hahnemann's nonsensical nonsense and follies, which in dogmatically following the dicta of *similia similibus curantur*, arrives at poison oak as a remedy for erysipelas, croton-oil for cholera infantum, tartar emetic for typhoid pneumonia, opium for apoplexy and strychnia for convulsions, veratrum, "when *she* dreams she eats *her* shoes," hyoscyamus, "when *she* dreams *she* climbs the stove pipe," table-salt, "when *she* dreams there are robbers in the house," and a whole Materia Medica of "Similar" nonsense:—

Your key fits not that lock,—

yet, you can follow the fashion of the day, and give all fastidious and squeamish patients the smallest and most pleasant remedy that their safety will permit, and can avoid giving any one crude medicines to a disgusting degree.

Remember that the term "Allopath" is a false nickname not chosen by regular physicians at all, but cunningly coined, and put in wicked use against us, in his venomous crusade against Regular Medicine, by its enemy, Hahnemann, who used many pens, much ink, and a great deal of paper in an attempt to prove that the theory and therapeutics he proposed in "Allopathy's" place was of a totally different or opposite character from it; with an assumption of wonderful, most wonderful,

most wonderfully wonderful superiority over "Allopathy," and ever since applied to us by our enemies with all the insinuations and derisive use the term affords.

"Allopathy" applied to regular medicine is both untrue and offensive and is no more accepted by us than the term "Heretics" is accepted by Protestants, "Ch-t-killers" by the Jews, "Locofocos" by the Democrats, or "Niggers" by the Blacks; each perhaps with a d—d prefixed.

Who ever heard of an "Allopathic Medical College," an "Allopathic Hospital," or an "Allopathic Medical Society," except from the tongues or pens of those who rant against "Allopathic poisons," "Allopathic butchers," "Allopathic murderers," etc., with Hahnemannic ferocity. We do not study the so-called pathies at all; and every regular physician knows that our colleges do not and never did and never will teach any such doctrines as "pathies," and that we neither attempt to make the sick well by processes that make the well sick, nor restrict ourselves to an opposite course, hence, we are not "paths" of any kind, but on the contrary do not believe that the treatment of disease can be limited to any one principle. Therefore, take care resolutely and promptly to resent the stale and false title "Allopath," when any one applies it to you through enmity, and in a firm but courteous manner:—

Turn on the light,

and tell of its falsity, hostile origin, and sinister intent, when applied by those who are unaware of the deep malignancy concealed in that term.

Were you to examine a patient and ask yourself, without regard to creed or boundary, What is the most rational treatment for a case like the one before me? and use that, you would not be practicing Allopathy, but unrestricted, regular medicine. Therefore, no matter how small your dose, or what the article, or by whom first used as a medicine, you would not be giving it by the square and compass of any so-called

pathy at all, and proceeding neither homeopathically nor allopathically, but rationally. If on the contrary, you were to examine a sick person, and ask yourself, What article would produce a totality of symptoms similar to these in a well person? and give him that, you would be practicing homeopathically.

Hahnemann's imaginary "Allopath" would be one whose *creed* tied him to a jargon of pathies and to fiddling on "opposite sympathies," therapeutically trying to create some dissimilar, perhaps worse, disease, as a substitute for the one he was called upon to treat.

The immortal Shakespeare tells us that:—

> **All the world's a stage,**
> **And all the men and women merely players.**

If so, there are on it a hundred times as many squinting-brained people as there are squint-eyed persons, and a blindfolded man, with but one eye, can see why policy and self-interest bring forth Catholic gardeners, Protestant coachmen, Masonic carpenters, Odd-Fellow bricklayers, Republican barbers, Democratic tailors, Quaker lawyers, and Homeopathic doctors, whenever and wherever fashion or fancy leads people to employ dogmatists in these things. But every body knows as well as venomous Hahnemann did that no sensible person wants a physician who will cure one disease or symptom by creating some contrary, perhaps worse one; consequently, none but an idiot would profess to be "An Allopathic Doctor," and no regular physician should allow himself or the regular profession which he represents to be thus belied and belittled. There is, however, and ever will be, a dozen times greater demand for physicians who will do whatever under heaven seems best for every patient, without regard to similars or contraries, creeds or pathies, than for one of any other kind:—

> **These are the conditions of the conflict.**

Away, then, at once and forever, with the false term "Allopath," and:—

Let all the pathies be buried together.

And, wherever a designating title becomes necessary, let it be Regular Physician.

If ever chance brings you in contact with an Irregular of any kind, show no ungenerous conduct, and observe all the forms of politeness toward him, exactly as you would any other gentleman, but make no attempt to fraternize with him in the management of a case, it being far better for each to consult with his own kind.

Imagine an attempt to consult, say, with a Homeopath—patient has, for example convulsions, the result of teething. You examine the case together and retire for consultation; the subject of treatment is finally reached. You, true to humanity, survey the whole field of rational therapeutics and conclude: first, that the cause should be removed as far as possible by incising the gums for the purpose of severing their irritated nerves; second, that sedatives and anti-spasmodics are indicated. He, true to his creed, puts on his homeopathic spectacles, surveys the totality of symptoms by the square and compass of similia similibus curantur, and arrives at strychnia in the tenth dilution!—

Angels, defend us!

Result: emphatically a therapeutic deadlock, unless—false to your convictions, false to your profession, and false to the needs of humanity—you agree to give up your sense for his similia, similibus—nonsense.

But what say you, or any other honest man, of the swarm of ignoble pretenders, who are not Homeopaths at all, but as a trick of trade, carry an armamentarium of Hahnemannic moonshine to catch patients, giving it in placebo cases only, and in all others slyly using our opium to relieve pain, our

chloral to induce sleep, our quinia and our antipyretics to arrest fever, and all *our* other prominent agents, just as we do, in full physiological doses, yet crediting the good they do to similia similibus curantur?—

This is villainy, and this is sin.

Both the laws of God and the laws of man require every sectarian physician to follow the rules of his school; therefore, the whole course of such a fellow, though he lives in luxury and rides in a gilded chariot, is a living lie, an ode to *finesse;* a wrong to both the God of truth and to the goddess of justice.

You will also find some who talk homeopathy to one person and anything-you-wish to the next:—

Neither fish nor flesh, but betwixt and between.

Now, what words would exaggerate the meanness of a clergyman whose love of gold and lack of scruple would allow him to vary his principles at will and preach anything people wished, whether a Catholic lecture, a Protestant discourse, a Hebrew sermon, a Mohammedan philippic, or an infidel harangue? He might believe in one or in none, but he could not believe in all, and, if he professed to do so, would deserve to be kicked out of his own door.

Science, cold, logical science:—

That joyous slayer of evil things,

which deals with facts, and facts only, has everywhere convincingly shown that Homeopathy contains its own refutation and is false science. Hahnemann originated it in 1790, six years before Jenner vaccinated James Phipps; and his "Organon" was published in 1810. Now, in this whole century, had it deserved scientific recognition, or had there been anything at all in it worthy of adoption by the profession, like vaccination, electricity, antisepsis, x-rays, and all other truths, it could not have failed of universal adoption, and have long

since been absorbed by rational, regular medicine. The fact is that its silly creed, which adds naught to nothing, has taken no root at all in the regular profession, and to-day pure homeopathy is withering like a girdled fig-tree all over Europe:—

Like a comet threatening all, then itself becoming invisible;

and Hahnemann is no longer worshiped as a hero there or anywhere else except here in fake-loving North America, where no kind of unorthodox creed is too ridiculous to secure support. His silly system has almost faded out in the land of its birth under the inexorable law of:—

The survival of the fittest,

and is without a chair in any university in Europe, where Hahnemannism is now rarely mentioned without a smile:—

Ded as a dore nayle.

During its whole hundred years not one Medical School in either Europe or America has been swerved from regular medicine to it, and The Regular Profession is to-day custodian of all the great hospitals and scientific laboratories of the world, and all that is truly good in medical practice is ours:—

Eloquent facts, these.

Even here in America, Hahnemannianism has passed its zenith. Its pellets and its sophistries have both lost their charm, its feast is almost over, and its MENE, MENE, TEKEL is written on the wall. It is no longer fresh, no longer carries the stamp of novelty, and no longer pulsates with howling energy, but is getting stale and stagnant, and ceasing to be the topic of conversation in high and fashionable circles. The sign "Homeopath" and the carefully carried satchel are no longer talismanic charms, and are no longer so confidently displayed. The homeopathic book and case of numbered globules are disappearing from the hands of the laity. Its so-called "spe-

cifics" are kept among the patent medicines in the drug-stores; it no longer excites amateurs, and, far above all else, the wholesale desertion of its own creed and principles by the bulk of its representatives is about to furnish another proof that no religious creed, no political doctrine, no medical ism, pathy, or fad, can extend beyond a limited sphere or period, if it be opposed to the common-sense of mankind.

Test nonsense doses on yourself: Shake a drop of alcohol in a pint of water for a week:—

The shadow of a shadow,

and see if it will intoxicate; do the same thing with a drop of laudanum and try to put yourself to sleep with it. Drop a thirtieth attenuation of atropia in your own eye and dilate the pupil if possible, or give a thousandth of a grain of strychnia to a dog and poison it with it if you can:—

No! it's against the law of Nature.

As well try to feed a gnawing hunger with one crumb of bread, or to quench a burning thirst with one drop of water, or to clothe a naked man with one tiny fig-leaf!

Give a feast to a thousand people, add a small thimbleful of ground coffee to a hundred and twenty-five gallons of boiling water and give a pint of it to each of your thousand guests; note all its effects for five days, then take up your goose-quill and write forty or fifty pages of foolscap on: The Potential Influence of Caffea Arabica:—

Ghost of Euripides!

proven on a thousand cases, and thus do your share to advance Hudibrastic therapeutics!

When Hahnemann originated his system a century ago, the sciences upon which modern medicine is based—chemistry, physiology, pathology, bacteriology, physiological chemistry,

etc.—had practically no existence, and it was this and the dosing and drenching of the olden days, and the venomous attacks of Hahnemann and his early disciples, that gave it a start. Now:—

Truth is on the march,

and were any one to originate such a silly system in these days of growing science and therapeutic progress, there could be no excuse for its existence, and it would either fall still-born or be laughed to death. Many potent and irresistible forces are now united to annihilate it:—

The loud sum of all the units.

Every new specialist who appears, every new hospital, and every additional drug-store cuts off part of its patrons; every therapeutical advance in medicine puts another nail in its coffin; and every new ism, ology, and ist fattens on those it had, and on those it would have gotten:—

A doleful outlook.

Compare Hahnemann, and his sole Law of Cure, published in his "Organon," in 1810, in which he rails at the profession and talks as if:—

What he knew not, wasn't knowledge,

all the way through, with Copernicus, Newton, Harvey, Davy, Galileo, Franklin, Pasteur, and other real discoverers of Nature's laws, and you will find his baseless and unscientific chain of assertions so weak that:—

Whatever link we strike,
Tenth or ten thousandth, breaks the chain alike.

Those illustrious men did discover the natural laws of astronomy, gravitation, electricity, etc.; consequently their systems have extended and will never die out, because:—

Truth is God's own daughter.

A geographer, a surveyor, or an electrician may be a fraud; and a pharmacist, an astronomer, or a mathematician may be a swindler, while the systems by which they pretend to be guided are absolutely true. But mark ye: Hahnemann's system is the reverse of all these, because it itself is a mock science; hence it is not so much its representatives, BUT (and this is a big but) it is Hahnemann's system itself that sins against truth. Study the homeopathic creed, and you will find that a true homeopath must prescribe according to what Hahnemann claimed to be the Sole Law of Nature in therapeutics, comprehended in the phrase "similia similibus curantur," or like cures like. And this is the homeopath's entire stock in trade; an essential triune, an inseparable unit,—violation of any one of which is a confessed rejection of Hahnemann's whole system. Therefore study this creed carefully and then compare the practice of all those who to-day profess to follow it, of whom you have personal knowledge, and you will discover that a few and only a few honestly do so; and, although the number of those who claim to practice homeopathy is still extending somewhat, and its representatives are still fulminating against "Allopathy" in speech, newspaper, and pamphlet and still extolling Homeopathy in rosy statistics; and still boasting over this political favor or political office they have secured and about that person of unmistakably good position they have netted, just as they were in Europe thirty-five years ago; yet pure Homeopathy itself—based on provings—is rapidly disappearing, and if observing the law of similia, etc., in prescribing be the test, we sincerely doubt whether there are to-day nineteen in every hundred so-called homeopathists in all America with whom:—

Creed and deed go together.

For the confirmation of this assertion we refer to any and every manufacturer of granules, tablets, and pills who comes in con-

tact with the homeopathic therapeutics of to-day, or any retail pharmacist who compounds their prescriptions.

The genuine homeopath never prescribes tonics, never orders mineral waters, never gives emulsions, never alternates or mixes remedies, and never uses hypodermic injections, purgatives, mustard plasters, ointments, lotions, washes, liniments, medicated injections, cauterizations, sprays, or gargles on skin, scalp, nose, throat or sexual organs:—

Thou shalt not steal from "Allopathy,"

and whoever does so is under the bitter anathemas of Hahnemann, who said: "He who does not walk on exactly the same line with me, who diverges, if it be but the breadth of a straw, to the right or the left, is an apostate and a traitor, and with him I will have nothing to do." Hence, were this great I AM permitted to revisit the earth to-day, he would surely do with at least three in every five of our twentieth century Homeopathic brethren precisely what our blessed Saviour did to the money-changers in the temple.

Truth is a unit, therefore there can be but one science of one subject, because one truth can never contradict another; hence there is but one science of medicine, and to talk of rival systems of medicine is as absurd as to talk of opposing systems of mathematics or antagonistic laws of gravity. Therefore if Hahnemann's phantasms be philosophy, if they be science, we, as lovers of science, must cast all conflicting experience to the winds, disregard all antagonistic knowledge, pull down all other discoveries, throw the arithmetic to the dogs and common-sense on the dunghill, and follow him. Yea: Dethrone Newton—Degrade Copernicus—Debase Kepler and Despoil Gallileo! Down with Sydenham—Out with Bichat—Under with Agassiz and Away with Brodie! Decry Harvey—Deride Jenner—Despoil Davy and Desecrate Röntgen! Belittle Franklin—Befoul Hunter—Berate Lister—Be-

smirch Huxley—Bedaub Darwin and Bespatter Pasteur, for, lo! this illustrious conqueror of common-sense has discovered that the millionth part of a grain of medicine has more power than a grain, that one drop of alcohol well shaken has more power than an unshaken pint, and, that now, a part is greater than the whole!

Be ever ready to concede that those who treat by laying on hands, incantations, infinitesimal doses, charms, horseshoe under the pillow, etc., may and do benefit or cure those who have faith enough to rely on them; but mark the fact that the good such things do depends not directly on them, but on their arousing the vital forces, hope, expectation, etc.; which would do equally much if excited by bread-pills, colored water or anything else that would bring these functions into action and give them a chance to make the cure or to perform the miracle, and thus the truth is cheated, because:—

The auxiliaries do the work and the placebo takes the credit.

Never forget the fact that an irregular may be guided by the very quintessence of high motives, or be pushing his hobby with the full purity of faith, the perfect honorableness of honesty, and the sincerest intention of giving the utmost assistance and relief that his armamentarium enables him to give; and that he may also be a perfect gentleman, for there never has been a religious, political, or medical absurdity that has not found educated and zealous supporters who have in some way or other been led to believe in it in the depths of their souls, as firmly as we do in rational medicine.

CHAPTER TEN

Behold, how good and how pleasant it is for brethren to dwell together in unity

BE just and friendly toward every worthy pharmacist. We both have the human body and the amelioration of suffering as the subjects of our life's work, and therefore have analogous responsibilities, and each requires the aid of the other. Owing to this relationship and the mutual dependence between pharmacy and medical practice, the pharmacists are your natural allies and should receive your respectful regard. Probably all physicians will agree that in the ranks of no occupation can a greater proportion of courteous gentlemen be found than in the pharmaceutical. This and your joint interests should make you brothers in the field of duty.

You will find it an excellent rule strictly to avoid favoritisms and antagonisms, and to let all reliable pharmacists compete for your prescriptions and for the family patronage which they influence. You will make a serious mistake, and engender active enemies, too, if you go out of your way and without just cause instruct patients to obtain their medicines from this or that particular pharmacy. If a prescription be properly compounded it makes but little difference by whom, so he is honorable and reliable.

Do not deter your patients from patronizing a pharmacist simply because he is also a graduate in medicine, unless he is uniting the two callings from grossly mercenary motives, or merely as a stepping-stone to get acquaintances and a foothold, preliminary to making his *début* as your antagonist or

rival; but, if you fold your arms and allow your prescriptions to be compounded by Dr. Mixem, Dr. Dosem, or any other drug-store physician who *prescribes* over his counter or in back room or office, for little or nothing, and makes it up on the medicine; unless he shows less than the usual amount of selfishness, you will be apt finally to regret it.

Independently of all other considerations, the joint practice of scientific pharmacy and modern medicine is too much for the grasp of any one human intellect, as it takes all of any man's head and heart and time to do justice to either. He cannot be proficient in both, and one or the other must be slighted; and if your prescriptions fall into the hands of such parties, or be left to their apprentices or assistants, both you and your patients must take great risks.

There is not the slightest wrong in having your name printed on your prescription blanks. But do not use a prescription paper which has any name on it except your own. If it contain the name of a neighboring pharmacist, it will naturally suggest collusion or something else not complimentary. If it contain some enterprising fellow's commercial puff, it will indicate ordinary taste for you to use it. It is probably better to use good, plain paper; although it could do no harm to have some such truthful phrase as the following printed on the back of each prescription blank, for the benefit of the public and the protection of your own interests: "A remedy that is useful for a patient at one time may be improper at another time, or for other persons at any time, even for similar suffering."

Plain white-paper clippings suitable for prescription blanks can be purchased cheaply at any printing-office or book-bindery, or you can buy suitable paper by the ream from any wholesale paper dealer, who will cut it to any size you wish.

It would be wrong, *very wrong*, to work hand-in-hand with a pharmacist and receive from him a percentage:—

Dead Sea fruit,

on your prescriptions for sending them to his store, for this reason: were you to accept part, it would be robbing either the pharmacist or the patient. Were the former to allow you so much for each prescription, and reimburse himself by adding the extra amount to the sum charged the patient for the remedy, it could not be looked upon in any other light than that he and you had combined to *fleece* an extra amount from every unfortunate who trusted to your honor, just as one would look upon a lawyer who took fees from both sides. On the other hand, if the pharmacist possessed more honesty than you and allowed you to reduce his legitimate profit, because compelled to do so either by hunger or a fear of losing your influence, it would place you in a most contemptible position, and you would live in constant danger of exposure and a public condemnation that the strength of Hercules could not, and the God of justice would not, silence.

Even were such a bribe-taker to console himself with the belief that it is not dishonest, he cannot escape the conviction that it is mean.

Better to die for want of bread, or to beg admission to the almshouse; and the same is equally true of taking part of the sale-money from opticians, truss-dealers, and surgical instrument makers, for sending grist to their mills, and also includes the division-of-my-fee collusions with that-kind-of surgeons, consulting physicians, nurses, dentists, specialists, sanitariums, undertakers, etc., to whom a chance has been given to depredate.

Honesty is the keystone without which the whole arch of honor falls:—

If I lose my honor, I lose myself!

You must live, and must have fees to enable you to do so, but, unless you obtain every dollar and every dime honestly

and honorably, you cannot escape the finger of scorn; therefore watch zealously that the public do not imbibe a belief that you are interested in the loaves and the fishes of the drug-store which compounds the largest number of your prescriptions. If such a suspicion be expressed by any one, or if any one insinuate that you seem to prescribe for the purse of the pharmacist rather than for the health of the patient, take care to inform him that you have no such interest.

If a pharmacist volunteer to supply a physician and his immediate family with medicines either free or at a nominal price or with anything else at cost, the favor can be conscientiously accepted, but it would be unjust to ask him to furnish them to uncles, aunts, and cousins on similar terms. Such a course naturally entails more or less reciprocal obligation, and this should always be taken into consideration when accepting such favors from this person or that.

Duty, alike to yourself, your patients, and the profession, forbids you to supply one or several pharmacists with private marks, technical terms, or hieroglyphic symbols that other pharmacists cannot understand, as it would at once suggest trickery and corrupt motives. A still meaner (swindling) device would be to have a secret or cabalistic code, for use between you and a pharmacist, intelligible to you two alone. Surely, neither you nor any other honest person needs this warning, for any one who would resort to private codes or cipher prescriptions for money-getting is neither honorable nor honest, and might very properly be classed with the vulture who rejoices at sickness and the wretch who desires the epidemic. The trail of the serpent is over them all; knaves—who would exultingly sing:—

> **Hurrah for cancer and consumption,**
> **They yield me five dollars a day!**

Your prescription is intended simply to tell the pharmacist

what article or combination you wish the patient to receive. When sent to him it is an order for a certain medicine prepared in a certain way. The law has decided that this prescription, or order, belongs to the patient; the pharmacist, after compounding it, has, however, a right to retain it as his voucher, but he has no right to refill your order without your consent.

The unauthorized refilling of prescriptions by pharmacists often produces the opium, alcohol, cocain, chloral, and other enslaving habits. We also well know that it is unsafe for a person to take a medicine ordered for another, or even the same medicine at different times. Furthermore, how can the pharmacist conscientiously label the second quantity, "Take as directed by Dr. Faraway," when Dr. Faraway is not even aware of the refilling?

In consequence of this unfair habit of pharmacists, the unauthorized refilled prescriptions—many of them over and over again—probably outnumber the original five to one.

Drug-stores have become so numerous of late, and the area from which each must derive its patronage and support is so limited, that their proprietors, in order to keep their heads above water, have either to charge very high for the medicines prescribed or *substitute* inferior drugs; the result is that drug-bills have gradually grown greater and greater, till of late they almost eclipse the charge for medical attendance, and many people, to avoid what appear to them *exorbitant* prices, actually buy this, that, or the other quack medicine, make home mixtures, wend their way to free-drug irregulars or to some over-the-counter-prescribing druggist, else trust entirely to Nature, instead of paying physicians for writing prescriptions and then having to pay heavily to have them compounded:—

Powders and pills, then—big doctor bills.

"You charge me high," said a lady to her druggist! "It is your physician's fault; he always orders the very best and

purest medicines," was his neat reply, which both complimented her physician and justified his own charge.

The cost of bottle medicines for poor or stingy patients may be slightly reduced by carrying a bottle with the prescription; doing so cannot be unfair to pharmacists, as they charge only cost price for bottles. Another good and legitimate way to lessen the cost of prescriptions, is to omit inert and unessential ingredients; for example, if you prescribe a mixture of wine of colchicum-root, tincture of digitalis, and sulphate of morphia, do not increase what would naturally be a one-ounce mixture, that would cost about thirty-five cents, into six or eight ounces, by adding syrup, water, or other vehicle, thus swelling the dose to a tablespoonful and the cost to a dollar. Prescribe the essential ingredients only, and let the directions specify how many drops to take and how and when.

A dose of medicine in powder or pill form is usually more expensive than the same in fluid form; besides, very active remedies can be more accurately divided when in solution.

Another evil resulting from there being too many pharmacists for all to live by legitimate business is that some, not content with "apothecaries' profit" derived from the sale of medicines, encroach on the domain of medical practice, and by the smattering of knowledge they pick up from the prescriptions of various physicians prescribe for every applicant whose case does not appear to be "too risky"; even mixing this, that, or the other thing for cases which they have not even seen, because asked to do so by the foolish; thus building up a large store practice. God only knows how many, simple, functional cases are thus given medicines that instead of doing good do great harm by excluding more appropriate remedies that might have been of immeasurable benefit if given at the proper time; which cases are in this way, during the first few hours or days, converted into incurable or organic

ones! Besides, how many new ailments are induced by Mr. Emetic's, Mr. Gargle's, and Mr. Greedy's haphazard prescribing, heaven only knows!

Fully one-half of all cases of venereal disease, biliousness, debility, cough, and the like are now seen and treated by pharmacists or their clerks before physicians are called on. Four out of five of His Patients, whose complaints prove simple are, of course, cured like magic by the:—

Liver powders for little Johnny,

or the four little pills which Dr. Drugstore recommends, by the great liniment he sells, by his noted fever-and-ague mixture, his equally famous tonic, or his universal blood elixir, etc.; and they, thinking that he has turned some dire disease aside, laud him to the skies and advise all to go to him:—

Fools go in throngs—

when their livers, kidneys, lungs, brains, or stomachs are out of order instead of consulting a qualified physician, assuring them that "He is as good as any doctor, and a great deal cheaper."

No one on earth who is incompetent to examine a patient is competent to prescribe for him; and we would ask: What sensible pharmacist would trust himself, his wife, or child to the "zaminations" and "subscriptions" of a neighboring pharmacist or his callow assistant?

Another evil is this: If a patient's better sense carries him in the first place to a physician for advice, instead of a pharmacist, ten to one when he carries the prescription to the drug-store he will be presented with one or two quack almanacs filled with infamous and alarming falsehoods, or a handful of advertising pictures, or the bottle of medicine will be wrapped in Foolembad's or some other wolfish fellow's handbill:—

Oh, where is his conscience?

The co-operation of the pharmacist as retailing agent for quack medicines is indispensable to quackery; and without it seven-eighths of the harm that patent-medicine literature is doing would cease, the vain promises that keep the public rushing from one lying wonder to another would no longer entice, and at least two-thirds of the quack and proprietary trash that now curses our land would slink from sight.

You will do well to avoid, as far as possible, all pharmacists whose presumption leads them to assume the rôle of physician. This remark does *not*, of course, refer to *emergencies*, in which a pharmacist nobly acts as a humanitarian. Medicines are the physician's two-edged tools; a pharmacist may prepare them and handle them for a lifetime and be an excellent compounder, and yet, as his studies are pharmaceutical and not therapeutical, he may know no more about prescribing for the sick properly than the person who makes needles or scissors does about dressmaking; or the instrument-maker does about operative surgery; or the manufacturer of trowels and plows and chisels about bricklaying, farming or carpentering.

If a pharmacist is asked for a plaster, a dose of cathartic pills, or an ounce of this or that, there is no reason why he should refuse to sell it; but if he is asked what is the best remedy for this, that, or the other affliction, with a view to the purchase of whatever he designates, that is another—a *therapeutical*—matter, and is beyond his sphere:—

Michael, you have no bees, and yet you sell honey.

Be also on your guard against instrument-makers who meddle with surgical cases, manufacturers of appliances for deformities, examining or prescribing opticians, trained nurses, *masseurs*, etc., who presume to treat cases that should be referred to the physician or surgeon. In fact, avoid encouraging any one who habitually encroaches on the physician's province.

Patients should be told of the danger of wearing spectacles, trusses, supporters, braces, pessaries, etc., bought from peddlers and storekeepers, instead of being prescribed by a competent physician.

Make it a point never to style a pharmacist, an optician, a preacher, or any one else, "Doctor," or "Professor," unless he *be* one. Heaven knows these very much-abused titles are cheap and promiscuous enough without spuriously bestowing them on those who have not even applied for them and are no more entitled to them than the Hottentots of Africa.

Avoid overpraising this or that prescribing pharmacist to your patients, or they will, on your word, overestimate him, and probably begin to rely on his gratuitous advice, instead of calling on you.

Beware of pharmacists who indiscreetly talk too freely, or converse, joke, etc., while compounding prescriptions, or knowingly insinuate to those who bring them suggestive prescriptions that they know what they are for, and exhibit extra impudence when cubebs, ergot, etc., are ordered; who suggest to purchasers that the dose prescribed is too large or too small; also the blundering blockheads who mis-read prescriptions, mis-copy directions, put wrong orders or the wrong physician's name on bottles, or surprise and alarm people by charging a different price every time a prescription is renewed, as if they had no system, or as if the medicines were put up wrong; or make the impression that it takes half their time to unravel the blunders and correct the mistakes of the other half; who trust to "eye measure," or leave prescriptions partly compounded to wait on other customers or to unscrew soda-water for sports who are in a hurry; or in other ways allow interruption, or show abstraction or careless compounding. When you put life and death in the power of such people be especially careful how you abbreviate, and how you make your ℥'s, ℈'s and ℈'s, and carefully dot every *i* and cross every *t* in

your prescriptions, so as to afford them no shelter if a mistake occurs; and, above all else, to prevent a coroner's jury, or to clear yourself if a death-certificate is made necessary.

Physicians' mistakes in writing and pharmacists' errors in compounding prescriptions occur more commonly from improper haste and from trying to do two or three things at once than from incompetency.

Prescriptions written with ink instead of pencil have two advantages: they are not so soon defaced and do not admit of easy erasure.

A good and safe rule in prescription-writing is to put down all the ingredients first; next write the directions to the pharmacist and the directions for use; then the size of the mixture or the number of pills or capsules should be decided on, after that the quantity of each ingredient should be carefully calculated and carefully written; last, your name or initials.

Look on the back of every prescription paper you use to see that there is nothing of a mistake-causing nature accidentally written there.

If you believe on good authority that any pharmacist so far forgets himself as to make injurious comments upon you or your professional ability, your remedies, doses, or apparent inconsistencies; exhibits and decries your prescriptions to Irregulars, laymen, or other physicians, or predicts that they will not prove useful; makes unauthorized substitutions, gives underweight of expensive ingredients, or omits them altogether when selfish economy requires:—

Who knows the right, and yet the wrong pursues,

or joins with our enemies in reviling our profession and its imperfections, or in nicknaming different physicians in derision; keeps his prescription-file open to miscellaneous inspection, or has a medical *protégé* under his wing, into whose hands he endeavors to direct customers for selfish purposes; or is guilty

of any other grossly unprofessional conduct, you will be fully justified in directing your patients to go elsewhere for medicines and other pharmaceutical supplies.

In ordering syringes, brushes, atomizers, breast-pumps, probangs, etc., with your prescriptions, be careful to specify the kind or size you wish. To write a prescription for a solution, and add, "also a syringe for using," is often as perplexing to the pharmacist as if you were to send for a slip of adhesive plaster as long as a string or for a lump of alum the size of a piece of chalk.

When any one is unable to pay the full price for what you prescribe, the words "Poor patient" in your handwriting, at the top of the prescription, will secure from any pharmacist the greatest reduction in price that he can afford. So, also, any public dispensary will, for charity's sake, compound prescriptions for persons too poor to pay for physician or medicine, if assured that you are attending *gratuitously*.

You may take the following somewhat as a guide in determining whether this or that pharmacy is conducted on a proper plane and worthy of confidence. Among the distinguishing features of a legitimate and properly conducted pharmacy are:—

1. Store neat and attractive.

2. Proprietor an experienced practical pharmacist, of intelligence, capacity, and integrity.

3. Competent and courteous assistants.

4. Faithful prescription work, and pride and skill shown in selecting and preparing medicines of standard purity.

5. Prescriptions compounded only by graduates in pharmacy.

6. A full line of pure drugs, apparatus, and appliances for use in treating the sick; also dietetic and sick-room conveniences kept.

7. An orderly and perfectly equipped prescription depart-

ment, with prices as low as is consistent with pure drugs and carefully prepared chemicals.

8. Quiet and discipline maintained. No loungers or loitering smokers.

9. No liquors sold as beverages.

10. Not a bazaar of general merchandise.

11. Patent medicines and other nostrums shown and sold only when called for.

12. No habitual prescribing or giving of medical advice.

13. Prompt attention and accuracy characteristic.

Among the features that mark improperly conducted ones are:—

1. Habitual prescribing over the counter.

2. Indiscriminate refilling of prescriptions.

3. Unnecessary delay and detention of customers.

4. Careless handling of medicines and loose management of store, with medical or other loungers behind the counter.

5. The parading and pushing of patent and proprietary remedies.

6. Disparagement of physicians to the laity.

7. Store a resort for unemployed physicians, or a meeting place for political or other clans or cliques to smoke, drink soda water and talk over the news of the day.

8. Unchaste conversations and disreputable conduct.

9. The selling of wines and liquors as beverages.

10. Store run by proxy, or medicines kept merely as an adjunct to some other project.

11. Engrossing attention to sale of soda-water, cigars, tobacco, fancy goods, bric-a-brac, etc., with laxity in pharmacal department.

12. Dealing in articles used for criminal or immoral purposes.

13. Lack of sobriety in proprietor or clerks.

To sell abortifacients, or vile nostrums intended to pro-

duce abortion, with the pretended caution, "Perfectly harmless, but not to be taken by women in a certain condition," is criminal, in a pharmacist such:—

Cunning has but little honor.

Be prompt and determined in refusing to give laudatory certificates to any article or medical mixture of secret composition; and do not be too liberal in giving them even to legitimate pharmaceuticals; and never issue one founded on any other basis than purity of ingredients and special skill or experience in compounding them.

Willingness to give medical certificates and anxiety to see one's name in print is an almost universal weakness of mankind. The distinction of being paraded in print as "an authority" in connection with some wonderful cure or article of diet, or patented thing, is flattering to thousands of people in every station of life, and makes them willing to have their names and even their pictures paraded in almanacs, handbills, and newspapers. Indeed, many ambitious people, whose bump of wonder is easily excited, could almost be inveigled into certifying in medical matters that two and two make five by any sharper who understands how to tickle their self-conceit and love of notoriety.

Be alike determined in declining to give (un) professional certificates to any one on disputed or partisan questions, or in regard to surgical appliances, health resorts, copyrighted medicines, rival wines, competing mineral waters, nutritives or dietetic preparations, baking powders, articles of commerce, patent contrivances, or other medical or hygienic articles, for they are often improperly used or made subservient to purposes not anticipated and affect the interests of the profession at large as well as the giver's. To those who happen to know you, the giving of such certificate would be regarded in its personal and not its professional significance; but every one

else throughout the land would note the M.D. only. When either amiable John Doe or humble Richard Roe gives his certified opinion that ice is hot and fire is cold, it remains simply John Doe's or Richard Roe's opinion; but when the eminent Professor John Doe or the famous Dr. Richard Roe appends his cabalistic M.D., he undoubtedly gives that certificate a professional significance, and, to some extent, involves the entire profession therein.

You may judge certificate-giving by its prejudicial effects on our own profession. One of the worst inflictions we have to endure in our day is the endless parade of misleading certificates from wide-mouthed clergymen, politicians, merchants, lawyers, D.D.'s, LL.D.'s (A.S.S.'s, N.G.'s), and other "distinguished authorities," known and unknown, recommending all kinds of medical nostrums:—

Heigh-ho, the devil is dead!

You know, and every sensible person knows, that such Pecksniffian certificates are not worthy of credence, and that the theologizer who is paid by his flock to preach Bible truth—who bribed by a box of pills or a bottle of the bitters (that make half of our drunkards and kill forty times as quick as whisky does), forgets his high mission, the saving of dying and perishing souls, and with sanctimonious solemnity:—

O hollow, hollow, hollow!—

lends his name and the cloak of theology to the Diabolology of charlatans and sharpers who deceive the afflicted with nostrums that are not worth the cost of the bottle they are in —must be either a silly dupe or a cruel knave:—

Knaves and fools divide the world.

Each and every shrewd quack knows that the influence of Rev. O. Shaw Fiddle, D.D.'s religio-medical indorsement pub-

lished in a Sunday paper, is worth a hatful of other certificates and hence makes special and too often successful efforts to obtain it:—

He steers his boat well—

feeling certain that he can easily entrap the dupable portion of the flock after the shepherd (?) is secured. It is a singular fact that, though but few get more gratuitous advice out of physicians than ministers of the Gospel, yet no class do more to injure our profession by the ridiculous countenance many of them give to quackery, pathies, and isms:—

Truth should teach teachers to teach truth.

Whenever you are asked by manufacturing chemists:—

With webs to weave and corn to grind—

who know nothing of the sick-chamber and its responsibilities and have no further interest in human sickness, woe, and wretchedness than as it improves the market for their goods and advances the sale of their nostrums, to prescribe and start a market for their trade-mark pharmaceuticals—think of the cunning cuckoo, and how its one egg hatches evil to the whole nest, and do not use them. Patent medicines are wolves in wolves' clothing; proprietary medicines are wolves in sheep's clothing, begging favors from you with one hand and intercepting your patients with the other, proving that:—

There is delusion in the world.

To realize fully the colossal proportions of the trade-mark abuse, and the proprietary-remedy method of superseding physicians, and of the mercenary motives and arrant humbuggery that lie at the bottom of them, go and take a bird's-eye view of the vast array of empirical and proprietary compounds: syrups, bitters, balsams, expectorants, tonics, and panaceas, each good for everything,—under which the shelves of every

wholesale drug-store groan, and then reflect on the enormous sums of money spent in telling:—

Quack! Quack!! Quack!!!

of their virtues in newspapers and by paint on rocks, barns, fences, and dead walls, all to catch good silly souls that will be cheated without trouble. Thus enlightened, you can hardly fail firmly to resolve henceforth to guard your own interests and let Dr. Readymade's catchpennies alone:—

The path of duty is the path of safety.

Suppose it suited the pride and the principles of the regular profession to enter the self-advertising arena, and to scatter reports of our cures and successes all over the land! Where would the petty triumphs of quackery, and patent pills, and bottled nostrums stand in the contest? Benjamin Rush *versus* Munyon, Pasteur *vs.* Hostetter, Johns Hopkins Hospital *vs.* the Keely cure, Sir Astley Cooper *vs.* Old Dr. Jacob Townsend, Austin Flint *vs.* Brandreth!

Unless you have mistaken your profession, are incapable of reasoning, and lack ingenuity, our standard and accepted guides—the United States Pharmacopeia and our dispensatories—are certainly large enough and reliable enough to allow you to exercise yourself freely in the art of prescribing, to make *any* required combination, and accurately adjust the relative proportion of every ingredient to each other and to the condition of your patient. You should, therefore, assert your intelligence and follow this, the legitimate mode of prescribing, and let commercial ready-made novelties, patented articles, and other dish-water substitutes for medical attendance fight their battles without your aid.

We have now many great and good remedies, but if anything more truly useful or unmistakably better than the old is discovered, though not yet in the pharmacopeia, you should

not fail to give your patients the benefit of it; but beware of articles that are being advertised and pushed on catchpenny principles, for the vast majority of the medicines you gain a knowledge of through the medium of advertisements will utterly disappoint you.

The principle which governs our condemnation of secret nostrums is this: They not only do more harm than good, but, if prodigal and audacious advertising alone enables the proprietor to fleece the sick, its unprincipled owner deserves both exposure and contempt. If the nostrum is really valuable, *which is rarely the case*, its composition should be freely and fully disclosed for the benefit of suffering humanity.

You should also maintain your independence and never order A's, B's, or C's make of anything *unless* you have some specific therapeutical reason for so doing. To particularize thus would not only reflect injuriously on every other manufacturer and cause a still greater popular distrust of our materia medica and pharmacopœia, but also put the compounder to additional trouble and expense; for he might have several other varieties of the same article in his stock, and yet be compelled by your specification to get another. This almost invites substitution. A Baltimore pharmacist had twenty-one different preparations of cod-liver oil emulsions, resembling each other so closely in all important respects that but a hair divided them, standing spoiling on his shelves, yet had to get the twenty-second to fill such a prescription.

Do not, however, oppose any remedial agent that is a distinct improvement in pharmacy, or any particular brand of anything on account of its being a monopoly, if that monopoly is owing to unusual skill, superior quality of materials used, or great perfection in its manufacture.

Patients are under the impression that pharmacists have about ninety cents profit in every dollar, and also think physicians know precisely what a medicine ought to cost, and will

often ask you *how much* the druggist will charge for the remedies you have prescribed. Reply promptly that you do not know, that some medicines cost the pharmacist twenty times as much as others, and avoid mentioning any specific sum; because, were you to guess too high, they might infer that he had either made a mistake or used inferior drugs; and were you to guess too low, they would probably accuse the pharmacist of overcharging and perhaps drag your name into their squabbles. The laity naturally overlook the value of one all-important indispensable ingredient that every good pharmacist employs in compounding prescriptions, the worth of which he justly adds: We mean, the concentrated extract of brains; he adds his chemical skill to your medical skill.

Whenever you prescribe a remedy that is unusually expensive, such as cocain, musk, salicin, resorcin, salol, oil of erigeron, etc., incidentally inform the patient of that fact; also that expensive drugs are no more profitable to the pharmacist than cheaper ones, so that he will not be surprised and cavil when the pharmacist tells him the price.

Notice whether a pharmacist gives unusual prominence to nostrums, quack almanacs, and placards, or has quack advertisements painted on his doors or outside walls, and it will give you an insight into his aims and attitude toward our profession. If you see that he is pushing his patent-medicine department in a hurrah way, with quack proprietors' portraits in his windows and hanging around his store:—

Roaring, roaring, nothing but roaring,—

and his own name and influence used in handbills and almanacs as a vender of bitters, plasters, pads, etc.; or is selling liquor as a beverage, or retailing medicines for less than they cost his pharmaceutical neighbors at wholesale, you may be sure that he is impregnated with commercialism and is conducting his establishment on a *trade basis* rather than on a professional

one, which latter presumes him to love pharmacy and to devote his chief attention to the inspection and preparation of pure and reliable drugs, and compounding prescriptions with scrupulous exactness; therefore by shunning him you will fulfill a moral obligation.

Probably you have no right to ask or expect that the pharmacist should not deal in quack or proprietary medicines, or anything else for which there is a demand, as he keeps his store to make a living; you have, however, an undoubted right to expect him to show the equity of his position between their owners and us by keeping them out of sight, to be shown only when called for, just as he does sweet spirit of nitre, aromatic spirits of ammonia, and other fruits of pharmaceutical chemistry, instead of pushing their sale by displaying their announcements far more prominently than he does legitimate pharmaceuticals.

In drugs and medicines purity and accuracy are of the first importance, because the uniformity in action of every medicine is in proportion to its purity and goodness. Good and bad lots of many important remedies vary greatly in quality and in strength, and this is one of the occasional causes of uncertainty in the practice of medicine, and such variability would modify your efforts too much to be risked in any important case. Your professional reputation is on trial in every case you treat. Successful practice depends on successful treatment, and neither your best judgment, your most careful diagnosis, nor your consultation counts for aught, if followed by inert or faulty drugs. Even one badly compounded prescription may endanger your reputation and do damage or even rob the patient of his chances of recovery. Therefore if you fear that an important prescription is likely to be sent to a pharmacist who you conscientiously believe uses inferior or stale drugs, or substitutes other or impure articles, it is your duty to take care that it be sent elsewhere; for, being respon-

sible for the patient's welfare, and having your own reputation to care for, you have a perfect right, and indeed it is your duty under such circumstances, to:—

Seek the best,

and to have the remedies procured where you believe your prescriptions will be properly compounded.

Pharmacy requires nice and delicate skill and imposes great responsibility; the art of medicine is imperfect enough at best, and you will encounter more than enough of new and strange problems to remind you of your lack of aids and of the insufficiency of human resources without adding the risk of being thwarted by the error, fraud, or accident of an unreliable pharmacist with deteriorated, adulterated, or inert drugs; but when you find it necessary to *ignore* any one for this reason, take care to do so in a discreet, ethical manner, with as little personality as possible.

Whether to allow this or that patient to know the name, nature, and action of the remedies you prescribe or not requires much discretion; and great judgment is needed to distinguish between persons who would and those who would not be benefited by an explanation of the intended remedies. There is often a temptation to endeavor to enlist the patient's confidence by furnishing him an insight into the nature and object of the agents employed; but the majority of experienced physicians seldom tell, or if, in certain cases, to gratify the patient's whims, they appear to yield to the temptation, their explanations are advisedly ambiguous, and you, while judiciously seeking to inspire confidence in your patients, had better keep them, as far as may be, in ignorance of the remedies employed or your exact reasons for doing this or that. Very few physicians have escaped the chagrin of seeing both their reasons and their remedies made use of to blame them and to cast discredit on their skill. You will, indeed, often wish you

had synonyms for the terms quinia, zinc, opium, chloral, strychnia, morphia, and other articles in daily use. Whenever a synonym for any of them is supplied, it may be judicious to use it. By employing the terms ac. phenic. for carbolic acid, secale cornut. for ergot, kalium for potassium, natrium for sodium, chinin for quinia, tinctura thebaica for tinctura opii, etc., you will debar many a patient from reading your prescriptions and exposing your secrets—a check which is often highly desirable. You can also further eclipse his wisdom by transposing the terms you use from the usual order and writing the adjective in full and abbreviating the noun,—*e.g.*, instead of writing quinæ sulph., write sulphatis quin.; compound cathartic pills, cath. pil. comp., etc.

The official pharmacopeia distinctly recognizes the necessity of concealing the nature of certain preparations; and opium may be ordered under several synonyms without giving the slightest suspicion of its presence. You cannot greatly err in honestly seeking to conceal from certain patients the nature of the remedies prescribed for their ailments; in these and many other things:—

The silent physician has many advantages.

Whenever you order unusually heavy doses of opiates, etc., instead of using the common signs, take care either to write the quantity out in full, or to underline both the name and quantity, or in some other unmistakable way show on the prescription that you are wide awake to all that is written. A good plan is to write at the bottom, "The above is written as intended." Again, when you write for a potent article that is seldom used, it is well also to add its common name, that the pharmacist may feel no doubt as to what is intended. It is also safer to put the names of heavy-dosed patients on their prescriptions. When you order morphia, etc., in other than the ordinary doses, it will be well to have it made into pills

or granules, and direct the pharmacist to "put them in a bottle." It is so unusual to dispense pills in a bottle, that it intimates to the compounder that the prescribed dose is not a blunder, but is as intended, and acts as a guard to patients and attendants against taking or giving them in mistake. Also when you prescribe pills, powders, etc., for sailors and other persons whose business renders them liable to get their medicines wet or wasted, it is better to direct them to be put into bottles or tin boxes instead of paper.

Be very careful to have all powerful remedies intended for external use labeled "For external use," or "Not to be taken," which will not only tend to prevent errors and misunderstandings, but in case they are swallowed by mistake will save you from censure. For the same reasons also be careful to order mixtures that may separate on standing to be shaken before pouring out the dose; otherwise the patient may get all the active ingredients in either the first few or last few doses and you may have a case of poisoning as the result.

When you prescribe a remedy of such an active character that it would poison if taken in large doses or all at once, it is wise to make such verbal cautionary remarks about it as will fully put those who administer it on their guard. Also, when you prescribe a remedy for external use, and at the same time one that is to be taken internally, be careful to tell the patient how each will look and smell, so that he may not confound them and swallow the wrong one. Absent-minded pharmacists have more than once put liniment labels on bottles containing remedies for internal use, and those designed for the latter upon the liniment bottles, thereby leading to a coroner's jury, which a word of explanation from the physician to the patient might have prevented.

Pharmacists might easily avoid the possibility of thus exchanging labels by compounding one and labeling it before commencing the other. By instructing the pharmacist to put

a *red* label on bottles for external use security against mistakes is better insured.

If, in prescribing such agents as tincture of belladonna or tincture of iodine, for external use, you direct the pharmacist to "put in salt-mouth bottle, with brush in the cork," seeing the brush when the bottle is opened will almost surely prevent its being taken internally.

You will notice that some pharmacists label the remedies they compound for you with their *file numbers only*, thus, 7483; while others adopt the much more satisfactory plan of adding the date on which it was compounded, thus, 7483, 7-19-05, signifying that it is numbered 7483, and that it was compounded July 19, 1905. The latter plan will enable you to distinguish between the dates at which you prescribed different bottles of medicine, and may otherwise refresh your memory. No doubt the majority of pharmacists would cheerfully make use of such system if they were aware how often it assists the physician in recalling the combination to mind.

Even with the best care every one is liable to make mistakes and even the wisest men are not always wise. One may write tablespoonful when he meant teaspoonful, or sulph. morph. instead of sulph. quin., or acid carbolic. when he meant acid boric., or tinct. opii when he meant tinct. opii camph., etc. It is well, therefore, to request neighboring pharmacists to inform you of any ambiguity or apparent mistake in prescriptions bearing your initials before dispensing them, and, in return, when:—

Some one has blundered,

and you have reason to suspect the mistake has been in compounding the prescription, be careful not to make your suspicion known either by word, look, or action, till you have conferred with the person who dispensed it. The error, if one exist, is just as apt to be yours as his.

When a prescription is for an infant or a young child, it is a great safeguard against error in compounding to put at the head of the prescription, "For an infant," or "For a child," or "For little Willie," etc.

Remember that your pharmaceutical brother has many and enslaving duties—not only his drug-mixing and drug-selling slavery, but he must also act as a directory and a human timepiece and untiring guide-post for his whole neighborhood. He must endure the postage-stamp and City Directory nuisance and has a whole troop of other "customers who do not buy anything," also has to pour out his soul on all street accidents and on all cases of sudden sickness that may seek his store; endure his crew of tobacco-and-cigar and soda-water bores until midnight and then answer night-bell in the wee hours of morning, and surely he, like other persons, requires some rest and relaxation; therefore do not order mixtures requiring tedious manipulations, direct filthy ointments to be made, dirty plasters to be spread, suppositories to be molded, or other unpleasant duties to be performed on Sunday or during sleeping-hours unless they be urgently needed.



AS a physician you will hold two relations to your patients: first, during sickness you will feel personal interest in them and scientific interest in their afflictions, give them your best skill and attention, employing whatever remedies will be most surely, most safely, and most rapidly beneficial. This must ever be your leading purpose, and to this you should add humane sympathy and commiseration. Later, when, by recovery or death, your interest and skill are no longer required, you will enter upon the second, or business relation, and then, unless poverty forbid, you should demand and secure, in a business-like manner, a just remuneration for your services; for you must be clothed and fed, and must support those dependent upon you, just as other people do; for every man naturally and properly looks to whatever occupation he follows for support. Therefore neither false delicacy nor fear of offending those who owe you fees should be allowed to outweigh your own necessities, break up the business feature of your profession, interfere with your rules in money matters, or prevent your knowing where sentiment ends and business begins. Being human, you must live by your practice, just as the priest lives by the altar, the lawyer by the bar, and all other people by their vocations. The practice of medicine is the work of your life; it is as honest, as useful, and as legitimate a branch of human industry as any other on the face of the globe. No one earns his means of living more

fairly—few perhaps more dearly—than the conscientious physician, and both common-sense and vital necessity require that while enjoying:—

The luxury of doing good,

and the pleasure of healing the sick you should also try to provide a comfortable home and the means of support for yourself and for those dependent on your labors.

This you cannot do unless you have a business system, for upon system depends both your professional and your financial success, for no man is at his best when handicapped by poverty, besides:—

Slow rises worth, by poverty depressed,

and no one can practice medicine with clearness and penetration, earnestness and success, if his mind be depressed and temper vexed by the debts he owes, and personally harassed and dunned by hungry creditors at every corner; or who is uncertain where the next meal for himself and his dependents is to come from; or who walks the floor fearing that the next knock at the door will be the sheriff's, truly a picture of:—

Wolf behind, precipice in front!

These and other cares that poverty entails dwarf the hand-to-mouth physician's mind and body, destroy his manly independence, and cripple his work:—

A broken spirit drieth the bones,

and it is only when free from the mental solicitude of debt and poverty that one's mind and energies can do full justice to his attainments; indeed, to know that you are making a living is one of the necessary stimuli of life, and you will see:—

Anticipated rents and bills unpaid
Force many a doctor into the shade.

In these days neither untiring study, nor excessive zeal

as a humanitarian, nor the bubble of applause will enable you to live on wind:—

All leaf and no fruit,

or lift you above the demands of the tailor, the instrument-maker, the bookseller, the grocer, the butcher, and other C. O. D. creditors, not one of whom would accept your reputation for professional devotion or of working for philanthropy, or your smiles, thanks, and blessings as his pay; no:—

Wrinkled purses make wrinkled faces,

and even the conductor will put you off the street-car which is carrying you to your patient if you do not have the nickel to pay your fare.

It is, naturally, pleasant to be praised, and to be told of fadeless laurels, and that by working for nothing you will:—

Gild your name while living,
And your memory when dead,

yet even were such verbal praise and air-built popularity to embrace your whole region, neither it nor checks on the Bank of Fame will fill your market-basket, pay your rent, or feed your horse. Although dollar-getting is neither the foremost nor the chief incentive to the true physician, it always has been and ever must be one of the objects, for no one can support his practice and pay his debts without a money feature:—

Necessity has sharp teeth,

and, if those you serve do not pay you, you cannot live by your calling, and you will very soon tire of all work and no pay, and of living—like artists and poets—on hope, instead of assets. Almost as well to starve without a patient.

You will find that each physician collects his own fees in his own way; yours should be about as follows: Let neither indolence nor overwork prevent your giving proper attention

to your collections, and in all money affairs be systematic and correct, for it is as important to charge your visits as it is to make them; adopt it a rule never to retire to bed without making some kind of record of every visit made, and of all other services rendered during the day.

The nearer your financial arrangements approach the cash system, the better it will be for you and your dependents. Frequent accounts are best for the physician. If he renders his bills promptly, it teaches people to look for them and to prepare to pay them, just as they do other family expenses. It is even better to submit to a reduction in bills for prompt payment, than to let them stand and run the risk of losing them through the pay-when-you-please system. Besides, after settling promptly, many patients will feel free to send for you again and make another bill, even in moderate sickness, instead of dallying with home remedies or quack medicines, as they might do if they still owed you.

You should render your bills while they are small, and your services still vividly remembered, not only because gratitude is the most evanescent of all human emotions, but for another reason: if you are neglectful or shamefaced and do not send your bills promptly, it will create the opinion that you do not believe in prompt collecting, or are not dependent upon your practice for a living, or have no need of money; and that, even were they to pay, you would merely throw what they gave you on your pile or put it in bank; or that you do not hold this or that person to your business rule, or are not uneasy about what they owe you. And if you foster a bad system of bill-rendering, a bad system of bill-paying will grow up around you, and great loss will result; because some will die, others will abscond and others become unable to pay:—

Long credits make short friendships and sure losses.

Asking for payment reminds patients that there is still a little

human nature left in a man, even if he has become a physician; and that, since you must live, you must have your fees to enable you to do so, and therefore payment is expected.

Besides: The business of the world is now conducted more on the cash system, instead of the old long-credit plan, and you should do your share to:—

Break the legs of the evil custom

that some physicians follow, either through carelessness or to maintain the favor of patients, of waiting six months or a year after rendering services before sending a bill. If a physician attends a person, say in February, and sends his bill in March or April, it seems to the patient like one of his current expenses; it looks as though the physician lived by his practice and has sent his bill as a matter of course, and it is apt to be paid promptly; whereas, if he delays sending it until the following July or January, and then heads it with the semi-apology, "Bills rendered January 1st and July 1st," as if an excuse for sending it even then, the debtor will naturally think that the physician has merely audited his books, and sent out this bill with a whole batch of others, more because he has posted the account, than from a special desire for its payment. In this belief he will probably give but little or no attention to it, and let it remain unpaid for months longer, thus delaying its settlement till it becomes an old back debt—which is the hardest kind of a hard bill to pay.

All sorts of strange accidents are continually happening that may step in and prevent payment; besides, memory becomes shriveled, time effaces details, and recollection of the number of visits, and the physician's watchings, cares, and anxieties are all forgotten; responsive sensibility is lost, and the bill, itself though really moderate, is then apt to seem large. All these circumstances combined are apt to make people feel, when they do settle an old bill, not as though they

were paying a well-earned fee, but more as if they were doing a generous thing and making him a present of the amount.

If, in spite of these facts, you do send your bills only every six months, instead of having on them "Bills rendered every six months," put "All bills collected at the end of every six months," or "All bills payable when presented," or "Prompt settlement is kindly requested"; or, better still, "The amount of Dr. ——'s bill is reckoned on a cash basis; therefore when the bill is rendered prompt payment is requested."

"Every body appreciates prompt payment, Franklin" is a very useful maxim to have printed on the margin of your bills; it is truthful and gives thanks to those who pay promptly. To those who do not it serves as a neat admonition.

Also, show that you keep systematic records of your patients and of your fees by having on all your bills the word FOLIO..... either after the patient's name or elsewhere, with the number of his page inserted in the blank, so that no one can read the bill without noticing this fact.

You will have to make considerable reduction in many bills after they have become large and old; therefore, look after them while they are small in amount and recent in date. Indeed, if you let one bill be added to another and another to that till the total reaches a considerable amount, you yourself may place it wholly beyond the power of the person to pay it and wrongfully *force* him into the position of being dishonest. Besides, long-standing bills frequently lead to a disruption of friendly feeling and loss of practice:—

Old reckonings breed new disputes.

The very best time to talk business, and have an understanding about fees with doubtful or "stranger" patients, is at your first visit or at the first office interview, and the best of all times to judge a person's true character will be not on occasions of friendly meeting or while showing the polite

amenities of life, but when you touch his pocket-nerve and have money dealings with him:—

Then you will find what he's made of.

Even a single dollar will sometimes show you exactly what a person is, whether a knave or a man of honor.

Many a patient will quit employing you to escape paying an old bill, and then, to hide from their surprised neighbors the true cause of their quitting, will trump up some falsehood or another, to give you a bad name and prevent them from employing you and possibly learning from your lips the true reason why they changed.

Make it an invariable rule never to accept a fee or commission from any one under circumstances which you would not *willingly* submit to public exposure, or investigation by a court of justice. Probably your severest test will be when money is enticingly offered to induce you to do doubtful things.

Railroad and steamboat companies, proprietors of mills, factories, workshops, etc., whose employees get injured, in order to relieve themselves from responsibility or from the danger of incurring public odium, or from fear that they may have to face suits for damages, often send, directly or indirectly, for a physician to attend, and in one way or another create a belief in his mind that they will pay the bill, even though there is no specific agreement; but afterward, on one plea or another (usually that they have supported the injured person during his disability, which is as much as they can afford), either disclaim the debt or refuse to pay it, and with such excuses leave the physician in the lurch:—

Rank injustice that smells to heaven.

In such cases you may obviate this result, or, at least, ascertain the prospect, by going, as soon as possible after you have given the initial attention, directly to headquarters,

or to the individual who has the authority to make the company or firm financially responsible for your fee, and, after explaining the labor and skill the case will require, make known your fears of not being recompensed for your services unless they will agree to pay you, and frankly ask them to assume the responsibility and to let you enter the account on your books in their name.

From similar motives, the head of a family, for his own satisfaction, for private reasons, or from a feeling of insecurity lest some inmate of the house—servant, nurse, or poor relative, who has become sick—may have a contagious or dangerous disease, will sometimes request you to visit him and afterward seek to avoid payment of your bill on one pretext or another, generally that they never agreed to pay. If there be reasonable doubt of prospective payment in such a case, you had better seek to determine the financial responsibility before rendering the services.

When a person, even though a banker or a millionaire, comes for you, or summons you, or by word of mouth requests you to attend another person, merely acting as messenger, it does not make him legally responsible for your fees unless he distinctly promises or agrees to assume the obligation. Hence, make it a rule to enter in your book the names of those who become financially responsible for such services, keeping a memorandum of the facts that make them so and render your bill to them accordingly. Precautions like these will often prevent unpleasant misunderstanding and save you many a well-earned dollar.

Before you have practiced long you will find that there are three classes of patients: the prompt-paying, the slow-paying, and the never-paying, and that your welfare will depend not upon how much you book, but upon how much you collect, and that if you never insist upon the payment of your fees you can never separate the wheat from the chaff. If you have a

business rule, and people know it, they will associate you and your rule together, and be guided thereby. Therefore let patients know, in the early years of your practice, what your rule or system is, or you cannot do so later in life. When a new family employs you, render your bill as soon after the services as ordinary courtesy will allow, especially if there has been a previous attendant who was a careless or indifferent collector or no collector at all. Send it somewhat as a test, and if there be any objection to you consequent on the prompt presentation of your bill, or because you want your fee, the sooner you arrive at an understanding of each other, or part company, the better for you, and the less apt will you be to surround yourself with a horde of worthless patients.

Some physicians have more tact in getting fees than others, and, curiously enough, there are people who will pay one physician but will not pay another, there being certain ones with whom they desire to stand well and others for whose opinions they do not care. Try to be in the former class with all persons of doubtful integrity.

When patients ask you how much their bills are, or how much they are indebted for office-consultations, operations, etc., always reply, with courteous promptness and decision, "one dollar," "ten dollars," or whatever else the amount may be, large or small; and if you be careful to avoid prefacing or following this reply with other words, and neither hesitate nor stammer, most people will, in the embarrassment of the moment, proceed to pay you without objection; whereas if you show uncertainty or add more words it will weaken your claim in their minds, or impress them with the belief that you have no fixed charge, and furnish them with a pretext to show surprise and to ask for a reduction. When one does demur at the amount, show your amazement, and be prepared at once to defend or explain the justice of the charge.

The amount of your charges for surgical cases, midwifery,

accidents, poisoning, and, in fact, for all exceptional services, should be promptly entered in your ledger; otherwise this one or that one may unexpectedly call to pay his bill and you may, either through haste, embarrassment, or temporary forgetfulness of the attendant circumstances, name much too low a figure and do yourself provoking injustice. Besides, the amount being already determined on and entered in your book shows it to be your usual or regular charge, and Mr. Poormouth or Mrs. Closefist is less apt to ask a great, if any, reduction from that amount.

Take your fees for honest services whenever tendered. Patients will often ask, "Doctor, when shall I pay you?" or "Shall I pay you now?" A good plan is to answer promptly, "Well, we take money whenever we can get it; if you have it, you may pay it now, as it will then leave no bones to pick"; or "Short payments make long friends"; or "Prompt pay does not cause the physician to think any less of his patient"; or something else to that effect. Never give such answers as "Oh, that's all right, any time will do!" or "It makes no difference when," for you will soon find it to be very expensive modesty; better to be:—

Never rough, but always ready.

Although Sunday is a holy day, on which bills should not be sent, yet it is perfectly right for physicians to accept fees earned or incidentally tendered on that day.

Never neglect regularly to post your account-books. It would be violating Nature's first law—to attend faithfully to the department of your occupation that benefits others and neglect the one that enables you to live:—

Charity begins at home.

The Scripture command is: "Love your neighbor as yourself"; it does not say love him *more*, but Paul does say to Timothy: "If any one provide not for his own, he is worse than an

infidel." The first object with every living being is to protect itself and to supply its own wants:—

It is a law of Heaven.

It is a good plan to enter the accounts of transient patients in a book kept for that purpose, instead of blurring your ledger with them, and to give pages in the latter only to patients who will probably employ you again.

When a prompt-paying patient pays cash at each visit, or settles at your last visit, so as to make it unnecessary to transfer his account from your visiting-list to your ledger, the simplest way to mark it paid is to turn each visit-mark *(|)* on your book into a *P*, signifying *paid*.

Do no unnecessary book-keeping, but take care to do enough to keep your accounts correctly. The visits and the cash entries in your visiting-list, ledger, and book-for-transients, should be written in ink; for, being original entries, they would be accepted in court as legal evidence. A good way to prevent any one or anything from being forgotten is to put down names, visits, street-corner and curb-stone promises, etc., in your visiting-list with lead-pencil at once, till you have a chance to write them with ink.

Purple, green, and blue inks all fade badly, and in after-years occasion a great deal of trouble. You had better keep your books with good black ink.

At the end of each and every week look over the visits made to each patient whom you have attended during that week, and, after reckoning the total sum which you should charge for the services, insert that amount in the blank spaces found at the end of the lines after the Saturday column in your visiting-list. By doing this at the end of each week, you can fairly estimate and charge the value of your services to each patient while they are still fresh in your mind. It is wise not only to enter at the end of every week the amounts charged,

but also to write the names of the individual members of the family who have been under your treatment during the week, over the visits in the visiting-list, for reference, in case this or that attendance should be disputed.

In rendering a bill against the estate of a person whom you attended in his last sickness let it read: John Smith (deceased) to Dr. ——, debtor, etc.

In posting your books at the end of each month, in order to avoid missing any entry in transferring the items from your visiting-list to the ledger, make use of some simple checking-off plan. A good way is to take your visiting-list and copy a list of the names of all patients whom you have treated during the month on a sheet of properly ruled writing-paper, then bring from the visiting-list to it the amounts marked against each of them during the different weeks of that month, and thus get the totals of each patient after his name. When you have all the charges transferred to this sheet of paper, begin and run over the pages of your ledger, from the first page to the last, and glance at every account as you go along. When you reach the name of any one against whom you have a charge to make, add up all you have marked against him on the paper and enter the total on his page of the ledger; but instead of wasting time to write November, 1904, $7.00, November is the eleventh month, enter 11-04, $7.00, then cross that person's name off the list, and continue on, page after page, through the entire ledger. By this crossing-off system, if you chance to omit charging any one's account, it will remain uncrossed when you are through the list, and will thus be detected. Also have your bills read, "For Professional Services Rendered, Folio ——, Amount now standing," etc., etc., etc. Take care while going over the different pages of the ledger to note down on the blank after the word folio ——, on one of a small pile of these blank bills kept beside you for the purpose, the number of each one's page whose account

needs rendering, so that on completing your entries you may readily return to those pages and make out their bills; also, while turning the pages take care to jot down a list of all indebted patients whose money it would be well for you or your collector to ask for during the ensuing month.

When you make out a bill, enter in your ledger, in the space just after the amount, the date on which the bill for that amount was rendered; thus $7.00, with 1-8-04, after it, would signify that a bill for seven dollars was rendered to that person on the first day of the eighth month, 1904; or you may write it as the Quakers do, month first, then day, and then year, thus: 8-1-04. All payments may be similarly entered.

A good way to save the trouble of looking at worthless or lapsed accounts in your ledger, month after month and year after year, is to cross them off, and cover the names with lead-pencil, which can be erased at any time, if necessary, for such as may possibly be revived; for those that are dead or from other causes will never employ you again, use ink.

That any one whose name is on your books is a colored person can easily be indicated by putting three dots after his name, thus: Robinson, John: 13 Columbia Street.

Patients will occasionally dispute the correctness or justness of your charges. If a bill be not correct, correct it at once and willingly, with such expressions of regret at the error as may be proper; if, however, it be correct and just, do not allow yourself to be browbeaten into the position that it is otherwise. Many people are not aware that the fee-table charges for surgical and various other special cases are higher than for ordinary visits; some ignorantly think that for a visit at which you reduce a dislocation, make a vaginal examination, or draw off the urine, you should charge the same as for ordinary visits; others have an idea that physicians do not, or should not, charge for every visit when they make more than one visit in a day, or for every patient when attend-

ing several in a family. You must, of course, correct their error by explaining the difference, or, if necessary, by reference to the fee-table.

Never acknowledge or work under the job-lot fee-table of any association or company, unless it be in harmony with the regular professional fee-table of your community.

A fee-table should never be extravagantly high on one hand, nor meanly low on the other, but should be reasonable in its tariff, and should always allow a reduction if the patient's circumstances require; for while the grocer may charge each the same for a pound of sugar, the physician cannot do this and must have a sliding scale of charges. It should also allow gratuitous attendance on the moneyless poor.

Where there is a standard try to be up to it, and never undercharge for your services with a view of obtaining business, or become a competitor in any other odious sense. A community never values a physician's services higher than he values them himself; besides, habitual deviation from the uniform rate of charging is considered dishonorable and is ruinous to one's interest and to the interest of the profession at large. Moreover, the public knows that no man will be content with small and insufficient fees while his brethren are receiving greater, unless he rates their abilities higher than his. Small fees are, therefore, set off against small skill in the public estimation, even though he offers:—

> More services for same money,
> Same services for less money.

The tendency of undercharging is to put a lower value on the medical profession, to depress the fee-table permanently, and to compel all physicians to work for inadequate fees. There is a vast difference between underbidding in our profession and that seen in wars of competition in ordinary business pursuits. In the latter, underselling, cut-rates, and

other results of severe and crushing competition are only temporary; for, if merchants or traders were to sell goods at or below cost for a length of time, failure would result. In commercial or business wars one or other withdraws, or they enter into a compromise and each advances again to full prices; snapping and snarling, fighting and scratching physicians, on the contrary, having no goods to manufacture or sell, one determined to triumph and the other resolved to prevail over his "opponent" (!) may keep up the strain of rivalry and efforts to crush or banish each other for years, dispensing their skill to every body for insignificant or nominal fees, impoverishing one another, and almost starving those depending on them for support:—

Wars bring scars.

Surely we suffer enough annoyances in the proper pursuit of our profession, without adding to our troubles by see-saw struggles and pecuniary suicide.

Unless you already have a regular scale of charges in your section, try to bring about among the body of physicians a somewhat uniform fee-table or rate of charging that is just to the patient, to the profession, and to yourselves.

The wisest rule in charging for your services is to do your work well, then ask, even from the beginning of your career, the fees usual for conscientious, skilled attendance—neither exorbitantly high, like an extortioner, nor absurdly low. And always maintain that you do not enter into competition for cheap doctoring and that you strive to make your services as good as the best, and your bills as small as possible, not by undercharging, but by getting your patients well by good treatment and with as few visits as possible.

Never enter into an auction bargain to attend an individual or a family by the week, month, or year; it is far better to be paid for what you actually do, than to have part

of your patients feel that they are giving you twenty dollars for five dollars' worth of services, while you, on the other hand, are, in many other exacting cases, giving fifty or a hundred dollars' worth of services for twenty dollars, and have no alternative but to fulfill the contract.

Also, never bargain to attend whole neighborhoods or clubs of poor people at reduced rates, or at half- or quarter-price, because this antiquated, or that low-grade neighbor does; it is bad policy and never works successfully.

It is a mistake to believe that you can greatly augment the charges you make in the beginning of your practice as you advance in age, skill, and experience, as every body will appeal to your former charges, and object. Indeed, if you ever attend a confinement or other case in a family for a nominal fee, or lump your bill for ready money, they will never expect to pay you more than they paid then, and you will not be able to raise your scale of charges to the regular price in that family after your standing and skill improve and your time becomes more valuable; or even with their sisters, cousins, and neighbors who hear of it. After becoming accustomed to small prices, old patrons will even think you ought to charge them less instead of more; so that, if ever you feel unwilling to repeat services of any kind for the sum received for a previous case, be careful to give the patient fair notice of your intention to raise your charges.

One of the many wrongs in our profession is that the older men, perhaps now rich, living on the shady side of Easy Avenue and enjoying large and profitable business, or deriving their support chiefly from their stocks, mortgages, bonds, four-per-cents, or farms:—

With tens of thousands in their safes,

continue to charge the Old Fogy prices of half a century ago, while the prices of living, etc., have all advanced; so that

the younger physician, without these, must charge somewhat the same as they do, and thus hardly get revenue enough to keep body and soul together.

As a wise man you should ordinarily accommodate yourself to circumstances and take what you can get from dishonest and haggling debtors; but even when you are sure that, to meet one's means of remuneration, you will have to receipt your bill for a reduced sum, make it out for the standard amount, so that the debtor may see the real extent of his indebtedness and give you credit for the amount of the reduction; in other words, when you make a reduction to those who plead poverty or other acceptable reason, let them understand that you are not reducing your charges, but are taking something off their bill; and enjoin upon them not to tell it around, lest it hurt your collections elsewhere.

When people talk to you about taking off part of their bill because they are poor, and charging the rich more to make it up, take less if you think proper, but under no circumstances allow them to infer that you, or any other physician, would overcharge some, to offset what you fail to collect from others, or charge any one, whether rich or poor, a cent more than is honestly your due. It is better to be good to the poor and just to the rich. Besides: some of the wealthy are meanly stingy, and every dollar they pay to a physician looks to them as large as a cart-wheel.

There are a few people who consider that when a case is serious enough to require the physician to make more than one visit a day he should make but little, if any, charge for the additional visits, unconscious, as it were, of the fact that cases dangerous enough to require an extra number of visits are the very ones which entail upon him the greatest responsibility, cause him most anxiety, and contribute most largely toward making his life one of wearying labor and self-denial.

When you attend two or more patients in a family at the

same time, all fee-tables say charge full rates for one patient and half-rates for each of the others.

It is also just to charge extra for a visit in which you are detained longer than (say) a half-hour, or in an obstetrical case over five or six hours, either by the urgency of the case or because the family specially request you to remain.

You will often have people to hum and haw, and complain that their bills are high, and almost demand a reduction; yet, many of these very people would not employ you if you were a third-rate or cheap-John physician. Every body wants first-class services, but wants them as cheaply as possible. It is not human nature to prefer a fifty-cent to a two-dollar silk; but if people be lucky enough to get the two-dollar silk for one dollar, they congratulate themselves. They reason the same about a physician; very few prefer or appreciate a low-priced second-class one.

In unusually severe cases, in patients of very great importance, and in those which require great personal exposure or extraordinary legal or professional responsibility; in cases of recovery after poisoning, or of apparent drowning, or suffocation; also of smallpox and other loathsome and contagious diseases, the fear of which deters other patients who know you are attending such from employing you, or which necessitate loss of time in changing clothes and otherwise disinfecting yourself before visiting others who are not affected; also in cases in which you have evinced remarkable medical or surgical skill, or where you have had very great luck in bad cases of any kind, among those who are able to pay, you can justly recompense yourself by lumping it and charging round fees.

It is certainly worth far more successfully to attend Mr. Plentyofmoney in a case of pneumonia—in which you save his life as clearly as if you had dragged him helpless from the flames, or plucked him drowning from the water; or a patient with apoplexy, or with a wound, ulcer, fracture, or a luxation,

or in a contagious disease in which you risk losing your own life; in fact, anything that causes you great anxiety and necessitates much study—than to visit Johnny Gotnothing, for whom nobody cares, with a sore finger or toe, chicken-pox, mumps, or hives, even though the two cases require an equal amount of time or a like number of visits.

In some cases your charge will be not so much for the work actually performed as for your knowledge and skill in doing it; for instance, you may charge twenty dollars for the few minutes' work of reducing a luxated humerus; if this were duly itemized it might read thus: "For reducing dislocated shoulder, five dollars; for expense and study in learning how to do it, fifteen dollars."

"You charge me fifty sequins," said a Venetian nobleman to a sculptor, "for a bust that cost you only ten days' labor."

"You forget," replied the artist, "I have been thirty years learning how to make that bust in ten days."

So it is with the physician and his knowledge:—

Facts, like stones, are only valuable when used.

Attendance on Bigbee's only child, his only wife, his only mother, or his only self; or an eminent or very important member of the community; or one of the great men of the land, for whose life you have fought a great battle; or a well-satisfied stranger who has journeyed far with an important case that causes you special solicitude and anxiety; or on a case that presents peculiar difficulties, where you perform a delicate and intricate operation, justifies you in making a special charge, whether attended at your own office or at the homes of the patients. In such cases pay every necessary attention, but be careful to make no unnecessary visits, unless by special request; for in an important case, in which seven visits would be really necessary, to which you make but seven and then discharge yourself, your services will be appreciated more highly, and

the family will more cheerfully pay a fee of a hundred dollars than if you had made five additional, apparently unnecessary visits, and charged but eighty dollars.

On the same principle, when you have severe cases that necessitate several visits in the course of the day, take care to diminish the number markedly as soon as the necessity ceases.

In extraordinary and complex cases; also where the results are apt to be great and far-reaching, in which you go a long distance, at very unusual hours, through great storms, or carry the burdens and anxieties of extra dangers, the charge should be, not by the visit, but for the case. In some cases it is wiser to charge by the visit; in others it is proper and much wiser and very much more profitable to charge a lump sum for the case.

For ordinary sickness there is no other way to measure the services than by the number of visits, but in all cases that are itemized in the fee-tables—surgical, obstetrical, venereal, etc.—charge not by the visit, but by the case, and at fee-table prices. The oftener you can charge by the case, the better for your purse and the more good it will do your reputation. This is one of the chief advantages the specialist has over us.

It is customary and just to charge a double fee for the first or for an only visit in a case, chiefly for the following reasons: You must at the first visit devote an extra amount of time and attention to learning the history of the case, perhaps make a minute, time-consuming examination; involve yourself in a diagnosis and probably also in a prognosis; carefully think over and decide upon a whole line of treatment; instruct the nurses; map out the quality and quantity of diet, drink, exercise, etc., point out the requirements of hygiene, maybe institute asepsis or antisepsis; lay down general rules regarding lighting, heating, the ventilation, the clothing, the temperature, the toilet, idiosyncrasies, etc.; formally establish yourself in the case, and assume all the responsibilities of the

issue. These combined make it an extraordinary visit, and fully justify a double charge for the first visit.

Patients will often express surprise or open-mouthed astonishment, at your asking the same fee for office advice as for a visit to their house. Explain to them that, although the charge is the same, it is much cheaper for one to be an office patient than to be visited at home, because an office patient usually comes but once, or only when his medicines are out, or when some important change has taken place in his ailment, and quits entirely as soon as possible; whereas, if you have him under care at his home your responsibility and feeling of uncertainty compel you to visit him frequently to ascertain whether he is improving as expected. For these reasons a few office consultations, with the responsibility of attending faithfully resting on the patient, if on either, often suffice, instead of many house visits, and in this way office advice becomes very much cheaper.

Some mean and miser-like people who are as big and exacting as tyrants:—

Come at once and pay double attention—

when sick, and are as small as potato-bugs at bill time—will want you to deduct largely from all bills, especially if they happen to be mostly for office consultations, or services of a minor character. Meet them at once with the argument that if they are to pay you less than the average for such services, you will have to charge them on a much higher scale of fees for the more important ones. But with such people the question is not of services, but of money, and you will often have a stinted sum grudgingly given, with hard words and sour looks, even for saving life, their leading principle being:—

Get what you can, and what you get hold.

Be kind to the poor and lenient with the unfortunate, but

when people are fully able you should be as firm in requiring your pay as other men.

The difference in words used with your office patients will sometimes make all the difference between a fee and no fee. Some who consult you, if asked to call again to let you know how they are progressing, will, on returning, show by every word and every action that they do not expect to pay, as they merely called because you requested them to do so. Therefore, unless you intend to omit the charge, it is better to advise them to consult you again at such time as you deem proper to specify. This will distinctly intimate to them that your usual consultation fee will be charged.

When a patient whom you know to have a dishonest heart or whose honesty you have reason to doubt, consults you at your office, and instead of paying the fee defers it, with a promise to call again, if you write down his name, residence, etc., in his presence, your chances of getting paid will be greatly increased by his fear of pursuit.

Remember that, having accepted charge of a case, you are morally bound, pay or no pay, conscientiously to fulfill your duty to the patient; you may, nevertheless, fairly intimate to those who you think are unworthy of credit that if they pay as they go, instead of running up a bill, it will tend to encourage and interest you more in the case, and naturally inspire and stimulate you to do your best.

Business is business, and should always be regarded as such. Try to get cash from strangers and persons whom you know or suspect to be "bad pay for catheterization," certificates, vaccination, "feeling bad," and other minor services, instead of blurring your books with petty accounts, many of which will never be paid.

Also when it is at all feasible:—

Strike while the iron is hot,

and get your fees cash for transient attendance on persons injured in bar-room or bawdy-house fights, drunken buggy-rides, soldiers, sailors, and all other non-descriptive representatives of the riffraff classes; for, if they do not pay you then, the majority of them never will, and when your bill is sent you may get curses or tongue-lashings instead of shekels.

Never agree to attend any one for a "contingent fee"; that is, never take patients with chronic sores, constitutional headaches, epilepsy, cancer, post-nasal catarrh, pimpled faces, hemorrhoids, dyspepsia, hypochondriasis, and other chronic affections; or the victims of syphilis, gonorrhea, scrofula, etc., on the "no cure, no pay" system, or to pay "when their rainbow expectations are realized," or "when all is over," or "if it does not return for a year." Enter into no such one-sided agreements to do things that may prove impossible, for they are never satisfactory, and will generally end in your being swindled, and, it may be, charged with incompetence or malpractice. In expressing your willingness to undertake an undesirable case, in which the pay is doubtful, let it be clearly understood that, if the case be curable, you will try to do it, but that you charge for services, not for results, and must be paid for your attendance even though the patient proves incurable or dies, and that all who seek your advice must take the probabilities of cure or relief from your well-intended endeavors and do not allow yourself to be driven from this fair, square and honest position.

Other persons suffering from constitutional syphilis, ulcerated legs, chronic eczema, broken constitution, etc., in which the treatment may extend through many months, possibly for years, or even through lifetime, will probably suggest that you should wait for your fees till done attending. Assent to no such foolish logic, as the person may die or move away, abandon treatment, go from you to another, begin with grandmother remedies or with "yarbs from those who have no

larnin'" or even resist all your attempts to effect a cure, and you may get:—

A wet blanket on your hopes,

and nothing except misrepresentation for all your work.

In such cases, it is far more just and wise to render your accounts at the proper time,—"for the month, or three months, ending ——," or, at the very farthest, the first day of every July and January. If they demur (which they cannot justly do), express your surprise at their doing so, and, in reminding them of the necessity for living by your practice, cautiously but firmly tell them of your entire unwillingness, and that besides, as you live by your work, you cannot afford to allow your fees to accumulate as they suggest.

You should ordinarily exact no previous stipulations of pay, manifest no undue anxiety in respect to fees, and make no reference to your intended charges, unless you are dealing with people notoriously unworthy of confidence, or when a misunderstanding is apprehended; but in most cases of secret disease, unless the patient be well known to you, you should not hesitate to require your fee *in advance*. If you fail to do so, your chances of compensation will grow worse as the patient grows better; for Mr. Hightone, or Mr. Lowtone, or Mr. Notoneatall, as the case may be, will almost certainly leave you,—

Gone like a comet,

about the time that "Richard's himself again," with his bill unpaid. If you hunt him up and press him for it, he will either pay it reluctantly or not at all; and, should you dun him for it, will turn and give you the blind staggers with abuse, and with set jaws and vinegar or ice in his looks, meanly and with the utmost positiveness assert that he did not have an ignoble disease at all, but only a strain, or that you did him no good, or did not know what was the matter with him, or almost killed him; or that somebody else cured him in two days, or tell

some other falsehood as an excuse for deserting and trying to defraud you, and ever after try to bring you into public odium and to injure you to the extent of his influence. In such case it would serve him right to compel payment by law. Another reason why it is proper to get your fee in advance is that many would never come and pay it till you had sent them a bill by your collector, and would then indignantly claim that you had insulted and exposed them by sending a bill for services of that kind.

Bear in mind that you have no right, either legal or moral, to expose the nature of any person's disease to any one, on account of his having failed to pay your fees, even though it was gonorrhea or he was covered from the crown of his head to the soles of his feet with syphilis.

Venereal diseases are seldom the result of providential misfortune, as are most other inflictions, but of voluntary indulgence in vice; therefore, self-inflicted. And for this valid reason those who have been caught sinning in the fields of Venus, have not the same natural claim upon your sympathy as other sufferers:—

They have had the fun, and should pay the fiddler.

In all cases of this kind try to get a just and remunerating fee before you undertake the treatment, then honestly do your duty to the patient until he is cured. Having paid you, he is not likely to change from you to another, and should his case proceed slowly he cannot then suspect that you are purposely creating a heavy bill on him, or delaying the cure on account of his being a good-pay patient, as he might do if he were paying you a dollar or two for each consultation.

Many persons imagine that no one can have constitutional syphilis unless they have detected a terrible chancre at the beginning; and you will often experience difficulty in making persons who have not observed a troublesome primary sore believe

their case to be syphilis. Some will actually stare, and scan, and quiz you when you tell them they have the p—x, as if they thought you a quack or impostor trying to frighten them out of money. If you can show such a patient a fac-simile of his roseola, or mucous patches in your books on venereal diseases, or even read to him a description of them, it will awaken him to his real condition and put him on his guard against either neglecting his case or infecting others.

When you are sure that your diagnosis of syphilis is correct, look the patient in the face, and, with a manner that indicates your absolute knowledge of the matter, tell him that in your opinion he has true syphilis, and be careful not to be browbeaten into taking charge of the case for a trifling fee. It is a grave chronic disease:—

Short pleasure, long lament,

and the responsibility and worry of the medical attendant are often great and protracted; the fee, therefore, should *never* be nominal.

You can readily broach the fee question to any patient suffering from a private disease by remarking, immediately after making your first examination, "Well, I see what your case is, and am willing to take charge of it and give you my best services *if my terms will suit you.*" This will necessitate his asking what your terms are, and will afford you the opportunity to tell him. Or, if you regard the services as important and valuable, while he evidently thinks the reverse, if you will incidentally begin with the remark, "Well! I can attend you, but I fear my charges will be more than you would be willing to pay," this also will compel him to question you on the subject, and that, too, in a somewhat more favorable frame of mind for your purpose.

Also, when you are sought out and asked to travel to this or that far-away place to see a patient, it is both proper and

necessary then and there to make a definite bargain regarding your fee and traveling expenses. You can always justly found your argument on your loss by absence from home business.

Some people labor under the impression that physicians and surgeons are public functionaries, and that the law compels them to answer the beck and call of any one who chooses to send for them, willing or unwilling, pay or no pay. They are wrong; you have a perfect right to refuse for any reason that is satisfactory to yourself; but your time is popularly supposed to belong somewhat to your suffering fellow creatures, and you are expected to be ever waiting and watching in complete readiness to go anywhere at any time, and both the profession and the public would severely judge and condemn you if you were to refuse to attend an urgent case to which common humanity should prompt you to go—especially if you refused on account of fees, and more so, if other physicians were not easily accessible. If you are really "*too busy*," or "*not well enough*," or are immersed in another engagement that cannot be set aside, or have some other equally urgent call, these will generally be regarded as sufficient reasons, and will protect you against argument or criticism. But "*I'm just at dinner*," "*I'm too tired*," or "*I need my sleep*," or "*I am afraid I will be dragged into court as a witness*," etc., look like a hard indifference, and are not accepted by the public as adequate reasons for refusing to go, and in cases of urgency should never be offered. In the name of Jupiter, think they, what business has any physician to have other engagements, or to be at dinner or sleepy or jaded, or sore, or to have a tired brain or weary limbs while yet young enough to crawl, or with strength enough left to think a thought, or hold a pen, when Tom, Dick, or Harry calls or whistles?

A few persons also believe there is a law or rule that prevents a physician from attending his own wife, children, or other near kinsfolk, when they are sick. This belief has arisen

from the fact that some esteemed brother physician is generally intrusted with such cases through a fear, in the physician's anxious mind, that personal interest in those so near and dear to him might warp his judgment, or in the event of fatal issue might leave him with a deep and lasting regret that this, that, or the other line of treatment was not pursued instead of that which was.

After your services are rendered and your work is done, in many cases you will have to:—

Assume the cloak of necessity to save the fee,

and use this, that, or the other stratagem to get your fees. Not only should you send your bill to a patient in due time, but if you fail to hear from him within a reasonable while, emphasize it by sending another, with the same date, etc., as the first, marked "duplicate," or "3d bill," "4th bill," as the case may be; for he may not have received the first, or may have thrown it aside with a Tra-la-la-la! or may be purposely neglecting it in the hope that you will cease your claim forever, else trying to let it remain unpaid till it is either forgotten or out of date.

An *effective* plan to adopt with a certain tardy class of patients, who throw bills aside and neglect to pay them, is to ascertain the date at which you will have this, that, or the other debt to pay, or to raise money for any other special purpose, and then to write a week or more before the time and briefly inform them that you will have a *special* need for money at the time specified, and ask them kindly to pay you on or before that date. Most worthy people will exert themselves to comply with the request, if courteously made. In this manner you can approach both your best and your worst patients, and some that you cannot successfully ask for money in any other way. A request so conveyed, moreover, shows that you do not want merely to get it out of their pocket into your

own, but that you ask for it because you happen to need it. One who has debts to meet has always a legitimate excuse for endeavoring to collect his fees to pay them with.

Another good plan is to send a duplicate of your account some day when you are in need of funds, with a brief note asking them to let you have it, and tell your special reasons for making so pressing a request. Even though they pay you nothing then, knowing that they have disappointed you in your dilemma, they will feel impelled at least to pay something on the account when they again need your services. Or if you will inclose a duplicate bill to a delinquent for whom you are tired of waiting and mention the date when the bill was first rendered, with a brief note telling him that his account is greatly overdue, and asking him kindly to call and settle, as you are anxious to close the account "on the books," the reminding him of the fact that it is "on the books" as evidence of his indebtedness, and overdue—hence probably seen and his meanness thought over by you daily—may arouse him to the extent of calling to pay the money, else to make some definite arrangement.

By letting cash-paying patients know in some way or other, at the visit preceding the final one, that your next visit will be the last which you deem it necessary to make, it will serve as a gentle hint and afford them time to prepare, and will greatly increase the chances of your being paid cash at the last visit. Foreigners are very apt to pay in this way.

Convalescents from severe illness who are told to let you see them at your office when able, in order that you may know how they are getting along, are very apt to broach the subject of your fees, and either then pay or make some definite promise before leaving.

You cannot put the time and method of rendering all classes of bills on the same footing; there is one class of patients whose bills had better be sent by mail, another to whom

they should be carried by your collector or other person, some to whom you had better deliver them yourself; and a few promptly paying patients for whom you had better wait and let them ask for their accounts. A careful application of these facts will be of essential assistance to you.

Send your bills promptly, but do not mail July or January bills on the nights of June 30th or December 31st, as if you sat up all night to insure their receipt at daylight on the days they are dated, but send them on the day of date for fear that during the days you are neglecting a call to them or theirs may come and make it embarrassing to mail it while attending.

Items and details had better be omitted in professional accounts unless specially asked for, inasmuch as they tend to surprise and dissatisfy people, and lead to criticisms and disputes that would not arise did not the items furnish a pretext. Assume the position that he who confides in you sufficiently to put the lives and secrets of himself and family in your keeping should feel sufficient confidence and gratitude to intrust you to say what value you deem mutually fair to place on your professional services. In fact, a physician's bill that gives in detail the various items is apt to be disputed or criticised unless it be unjustly small. Bills that simply state the total amount, or FOLIO —— "amount due for services since date of last bill," or FOLIO —— "amount now on the books," are much more likely to be paid without dispute. The items, however, of every bill should be carefully entered in your ledger, in order that the charges may be verified if requisite; and each and every charge should rest on a distinct financial base of its own, without any lumping. Should a patient question the accuracy of a non-itemized bill, good-naturedly concede his right to be furnished with a statement of the number and dates of visits and any special services charged for, or you may even offer to run over the items of his account on the ledger with him. But few who would intrust you with

their lives would push you to this extent after your faithful service, and these had almost as well be stricken from your list.

On every payment of money other than a simple cash fee by your patients, it is well to make and hand them a receipt, even though they may deem it unnecessary. Compelling every one who pays a debt that has been booked to take a receipt not only prevents subsequent disputes as to which services that bill covered and which it did not cover, but assists also in maintaining a regular and desirable business-like system between you and your patients.

Collect as closely as is just, but be especially careful to avoid soul-narrowing avarice in its various forms—meanness, greed, oppression, stony heart, and all other evidence of a mercenary or grasping spirit. If you attempt to shave too closely in money matters,—grabbing when a patient is unconscious, or so low that it is no longer decent to take fees, or hungrily holding watches, jewelry, or other articles as security for the payment of your fees, or compelling their wounded or half-dead owners to pawn or sell them for your benefit, or charging interest on your bills because not promptly paid, or being grossly unreasonable, or like Shylock too vigorous in your efforts to collect fees from those in narrow circumstances, would not only be morally wrong, but would be very apt to prejudice your reputation and create a wide-spread feeling of hostility against you, as being:—

A hard, bad man, with ice in his blood.

One of your first essentials is to shield yourself against all hostile public criticism, and it is even better to be defrauded than to collect your fees by such methods.

For a like reason it is better to make no charge for certificates of sickness furnished to patients to enable them to draw sick-pay from fraternal beneficial societies, or for school-children's certificates of vaccination, etc. These should be re-

garded as personal favors, differing from those of value to the applicant, in which a fee is just and proper, but in any case of life insurance, pension, lunacy, etc., requiring you to go and make an affidavit before a court or magistrate, it is right to charge a moderate fee.

It will seldom pay you to sue people, even though your suits should be successful; indeed, it is, generally speaking, undesirable for any physician to begin litigation to enforce claims, except under very aggravating circumstances, as when his reputation is attacked, or to maintain his character or self-respect. Physicians who frequently go to law to recover fees generally lose more in the end than they gain, not only because such attempts to recover often prove fruitless, but because they excite prejudice and make influential enemies. 'Tis said:—

He who goes to law for revenge is a fool.

Never resort to compulsory measures with any one whose failure to pay is due to honest poverty. While naturally seeking to get good patients who can and will pay for your services, be ever willing to do your share of charity for the deserving poor; at the same time the necessity of earning a living should make you careful not to let too much of this kind crowd out other more remunerative practice.

When called to cases of sudden death, drowning, suicide, murder, etc., in which the unfortunate victim is dead before you can do anything for him; in calls of emergency where another physician reaches the patient and takes charge before your arrival; or in cases where your services are not called into action or are merely nominal or clearly useless, it will, as a rule, be better not to send a bill, for under such circumstances bills are apt to be harshly criticised and left unpaid. If, however, a feeling of gratitude induces the people interested to tender you a recompense for your trouble or wasted time, accept whatever is right.

In obstinate and invincible maladies, such as hopeless cases of cancer, phthisis, aneurism, etc., in which, after having gone the rounds of the profession, the friends of the unfortunate sufferers, in the last extremity, consult you as to the possibility of getting for them a new heart or a fresh pair of lungs, or having other miracles performed, or merely to ask whether you can by any means, or to any extent, be of benefit to them, you had better deal candidly, and frankly acknowledge that you can do but little, or nothing, and decline the fee *even if tendered.* It is dishonest to take money from any one for services that can be of no avail.

It is better, as a general rule, to make *no charge* for ordinary or trifling advice incidentally given to patients when they call to pay their bill, or to persons for whom you happen to prescribe in public places (curbstone prescriptions), when you are *not* pursuing your professional vocation. Such exactions would, to say the least, tend to engender unpleasant reminiscences and harsh criticism. Every physician occasionally writes prescriptions and gives medicines under circumstances when, even though he be technically entitled to remuneration, *his own* interests forbid his even accepting a fee if offered. If such a one asks you, "how much?" answer, "nothing but Good-Will!"

Never make a charge where the fee would come from another physician's pocket; every physician attends his professional brethren and their immediate families gratis. Some also attend clergymen and their families without a charge of money, especially those with whom they have church relations; also, those who receive salaries so meager as to make the payment of medical fees a hardship.

Never oppress any one by exorbitant fees. Nearly every one depends on his physician's unwatched integrity, believing that he will be honest in his conduct, honest in his treatment, and honest in his charges. Be especially fair in your claims against estates, and in all other cases where unusual circum-

stances place the debtor at your mercy. These opportunities will fully test whether true honesty has a seat in your heart, for verily:—

As a man thinketh in his heart, so is he.

When you are in doubt what to charge, think of the Golden Rule, then make out your bill at such figures as you may deem just to the patient, to the profession, and to yourself, thus showing clean hands, morally as well as antiseptically. Even-handed justice is the basis of all lasting reputation, and no physician can safely violate the rules of honesty and fair dealing.

Great injury is inflicted on our entire profession when Dr. Swindelfee, Prof. Fleecer, or any other member of our guild places an unconscionable value on his time and services, and charges any one whom chance has placed in his power a fee so massive as to cause great gossip or newspaper notice of it; or to make its payment a serious burden; or to take for a fee the patient's income for a whole year, or to drive him and scores who know of it from regular medicine to irregulars to escape our charges. It has been said by one of the wisest:—

He who maketh haste to be rich shall not be innocent.

No man on earth has a moral right to make such a charge for any possible service without frankly telling the amount and having an understanding, before the debt is incurred. Mutual fairness is indispensable to pleasant professional attendance:—

The actions of the just
Smell sweet and blossom in the dust.

But carefully avoid making censorious or derogatory comment, in the presence of non-professional persons, on the fees claimed by another physician, unless you are fully acquainted with all the circumstances; every case stands on its own bottom, and possibly he may have good and sufficient reasons for making that charge.

When you and a professional brother each do a portion of the work in cases of accident, confinement, etc., a very fair plan is to agree to charge a joint fee. When such joint fee is paid to you, truth, right, justice, and:—

The pledge of honor,

require you to go at the earliest possible moment and divide every dollar fairly and squarely with him.

When another physician is called to a case of yours during your absence, not only thank him at the first opportunity, but also insist on his sending his bill for whatever services he has rendered. No one can be expected to work under such circumstances without a fee. His kindness to you consists in his having responded to a call to your patient.

Take care never to slight those who are under the iron heel of poverty and in need of medical attendance. Poor people's health is their only property, and to them life and health are everything; their very poverty and lack of comforts make them more likely to get sick and to suffer more in sickness than the rich, and worthy kindness to them in worthy ways should be as broad as God's earth. Besides, there are none so poor but that they may amply repay your services by their earnest "God bless you, Doctor," and their genuine, lasting gratitude. Besides, how infinite the pleasure, and heartfelt the gratification of wresting a fellow being from destruction and restoring him to the arms of those who love him!

Humanity requires you (as God's instrument) to go—and to do so with your whole heart—to all cases of serious accident or other emergency in which the life or limb of a fellow creature is in jeopardy, without regard to the prospect or non-prospect of a fee. You should also do various things for the sake of charity; among these is to give relief to any one injured, or in great pain or danger, regardless of his circumstances or position in life. At such times think only of MAN

in DISTRESS; show no distinction between rich and poor, and consider nothing but your DUTY to suffering humanity:—

A noble deed is a step toward God.

The good Samaritan succored the wounded man, took him to an inn, and provided for his immediate necessities. A physician should be equally humane and prompt to go bind up wounds and relieve suffering in all cases of emergency. But, after the "first aid" is given, the humanity feature is ended, and further attendance is, of course, optional. It then depends upon whether you feel that you can afford it, or spare the time, and unless you wish to do so, you are naturally no more obliged to assume a burden that belongs to the public and continue to attend gratuitously such a patient, who perhaps has to pass the offices of one or a dozen nearer physicians to get to yours, than is the baker to give away his bread to the hungry, the tailor to clothe the ragged, or the mechanic to mend a wagon or a watch for nothing. Your complex position in such cases might be thus defined:—

If I am not for myself, who should be?
But if I am only for myself, what am I?

Physicians render more gratuitous service than any other class of people in the world. In fact, they are the only persons that habitually give away something: *their time and knowledge*, for nothing. Allowing that there are in the United States sixty thousand regular practicing physicians, and that each does one hundred dollars' worth of charity practice a year—which is far below the average—we have the enormous sum of six million dollars of charitable labor given by the medical profession every year.

"The poor," said Boerhaave, "are my best patients. God is their paymaster." But even in doing charity, careful discrimination is essential. There would seem to be three classes of the poor—"the Lord's poor, the devil's poor, and the poor

devils." The first and the last are worthy objects of every physician's attention, and you would do well to lose no opportunity to give them relief. The less, however, you have to do with the other class (the devil's poor) who are:—

A perpetual fraud on every body,

and the less time, sweat, strength, and cerebration you waste on them, the better for you; as you will be paid in neither gold nor gratitude; nevertheless, you will be compelled to attend more than you would otherwise care to do of the lowest, basest, and most ignoble victims of vice, intemperance, and sensual indulgence:—

The Devil's children—

who are perhaps a curse to their families and a nuisance to the neighborhood—and watch over them as faithfully as if they were noblemen; some for God's sake, some because they wriggle in on you under false pretense, and others, it may be, on account of their relationship to better and more provident patients. You will generally find, however, that, though this good man and that bad fellow may be brothers, their pocketbooks are not sisters.

The size of the house does not always show the size of the owner's honesty. You will find, in your professional career, that honesty and dishonesty are not confined to any single nationality or to any one station in life, but that there are many very good people and others equally bad among the rich and poor alike, and frauds in all ranks, and all races. You will mount many a marble step, pull many a silver bell-knob, and walk through dazzling halls into softly shaded boudoirs, over velvet carpets, for well-housed, fashionably clothed, diamond-studded patients—who feign surpassing excellence:—

With the manners of a marquis,—

who will at pay-time prove to be unscrupulously fraudulent:—

With much other meanness thrown in,

and you will get many an honest fee from laborers and others who make no great pretensions and possess but little save their truly honorable souls. It will almost touch you to tears, to see these big-hearted people come punctually to share with you their hard-earned pittance. Some, again, who know what it costs to get what they have, are determined to hold it and pay nothing. Or others with moderate incomes, who are the slaves of fashion, have demands so great that they must habitually ignore their physicians' bills in order to keep up appearances of prosperity and a false show of being worth more than they are.

You will see many a man bowed down with debt and despondency, while his trinketed wife and dazzling daughters parade about as gay and as fine as strutting peacocks, indebted to every body and paying nobody. Artful, double-dealing women whose whole lives are:—

Bundles of tricks,

will sometimes actually intercept your bills and make it impossible for you even to ask payment from their husbands, unless you resort to strategy and get your bills delivered direct to the latter; and will even then enter the field of falsehood, lock the door, leap the fence, or do anything else they can to defer or prevent payment. But the most provoking of all frauds is the religious hypocrite, from whom you will usually get nothing but unjust criticism and caustic abuse.

Another most unsatisfactory and troublesome kind of patient the physician has to contend with is the unprincipled trickster, who cheats every body that affords him a chance, and considers it only an honorable transaction to victimize a physician, and would not cross his fingers to keep him from going to the almshouse:—

From a bad crow you will get a bad egg.

You will be fortunate if you have sufficient tact to avoid having much or anything to do with those who belong to these classes. It is far better courteously, but firmly, to decline to accept as patients those who can but will not pay, without assigning them any reason except that you are "too busy," or "you must employ some one else," than to plot, and to wrangle with them to secure your fees after your work is done, and maybe, after all, to get neither money nor thanks.

You will find a greater proportion of faithful and honest patients among the upper middle classes than any other.

Have your wits about you, and tell Bumphiz, Hardnut, Dedwood, Poormouth, Bluffall, Hawkeye, and other habitual delinquents, who have shown you neither gratitude nor justice; who have plenty of money to smoke expensive cigars, go to places of amusement, buy beer, fill the whisky-bottle, or furnish their houses like palaces, and to follow the follies of fashion, but can't or won't pay the physician—when they have the deceitful temerity to come, wearing a poor man's face, with leaky eyes, a string of excuses, and a hatful of cobweb promises, trying to increase their indebtedness,—that they are already as largely indebted to you as you can at all afford to let them be, but that you are willing to serve them again after they pay you what is already on the books and overdue, and base your position in the matter not so much on the fact that their honesty is in question, as that you must live on what you collect and are acting in accordance with a necessary rule:—

Special cases necessitate special methods.

Such attitude on your part will very probably lead to some more or less definite action on theirs, and thus indicate to you what course to pursue.

Base your argument in all such cases on what you cannot afford to do and not directly on the person's character.

When one belonging to the "doubtful class" is sick, and

wishes to change from the physician who is already attending him to you; by refusing to take charge until he brings you a written surrender from that physician, you will give him a good opportunity to see about his fees, and also secure yourself against any charge of selfish departure from correct principles.

When you attack delinquents for non-payment of fees, it is far better to charge them with carelessness in the matter of paying, than with dishonesty.

You will encounter many a person who, although quite amiable during your attendance, will prove very different—maybe as sensitive as the eyeball—when your bill is presented; then, then, then:—

Oh, such vinegar aspect!

In such cases, take especial care to give money-mad people no excuse for finding fault with your mode of presenting it. It is a useful precaution to inclose every bill sent by mail or messenger in a sheet of blank paper, so as to prevent prying people from peering through the envelope and recognizing its contents and making mischief.

When possible, let your bills be presented direct to the party financially responsible, or to the real head of the family, and say nothing about them to other members.

Families will occasionally conceal from the person who is responsible for your bill the true amount of service you have rendered, or the actual number of visits you have made, and thereby lead them to think you have charged very high, or even exorbitantly. Be prepared to detect and promptly correct such errors.

In spite of all your efforts, were you a Solomon and an angel combined, some patients will find fault, show ill temper, or meanly quit you under one pretense or another when you send your bill or ask for your fee, no matter how you do it, or when you do it.

A moderately successful practitioner has about two thou-

sand persons who call him "my doctor" (fully three hundred of whom are moneyless, or bad pay, or attended gratuitously); and whenever any one of all this number is suffering from any mental or physical ailment "the doctor" must share it by head-work, hand-work, and heart-work. He must combine all the good qualities, and exhibit the perfection of each to all classes and conditions of men; must be bold as a lion with one, as gentle as a lamb with the next, and as patient as an ox with another. Generous and self-sacrificing, his own aches and pains must be concealed or go unnoticed:—

It is a fortunate head that never aches—

and, being the slave of the sick public, he must face loathsome and contagious diseases and inhale foul and noxious vapors, miasms, and malaria; encounter the filthiest kind of filth, endure the worst kinds of stinks, and perform many disagreeable and disgusting duties, amid embarrassments, anxieties, and vexations; truly:—

None but a physician knows a physician's cares.

He has no hour he can call his own. Neither parlor, dining-room, nor bedchamber is exempt from the imperative call. The darker the night, the more howling the storm, the more likely is he to be needed and to be aroused from slumber to go to the chamber of suffering. He must bear all temperatures, sweating in August suns, and freezing in December blasts; drowned with the rain and choked by the dust; he must trudge here and there:—

With aspect stern and gloomy stride—

hungry at noon or sleepy at midnight, while others, oblivious to care, are resting, or being refreshed with sleep. He must be with his patients at all seasons, in sorrow and joy, in death or recovery from the dawn of life to its sunset:—

At all life's entrances, and at all its exits.

A soldier may serve his whole term without ever smelling powder, hearing the war-trump, or getting within long range of danger. The physician is in continual peril, and when, like a wild and relentless tornado, the swift, gaunt, ghastly, withering epidemic begins its work of death, no matter how great the danger, he cannot flee but in dishonor; no personal considerations, no domestic relations, no plea whatever can excuse him, because:—

His duty is to save.

He must depend on Providence, and, from pure devotion to humanity, take his life in his hands, and regardless of danger, stand and fight the monster face to face, in ill-ventilated dens and hovels, in infected localities, even though, without reward or expectation of it, he suffer martyrdom in the conflict, while hundreds are falling around him like sheep, and terror-stricken thousands are fleeing in bewilderment for their lives:—

And he stood between the dead and the living; and the plague was stayed.

Amid all these duties he must have an eye like an eagle's, a heart like a lion's, and a hand like a lady's; and Heaven knows! that considering the narrowness, crookedness, steepness, and roughness of his eventful life's road, every true physician deserves far greater honor and a much more comfortable support than he receives.

Some one has divided man's life into four periods and called the first twenty years the period of preparation; from twenty to forty, the period of struggle; from forty to sixty, the period of victory; and after sixty,—rest:—

Strange that a harp of a thousand strings
Should keep in tune so long.

No fourth period for the physician; his stretch and strain of his harp and its strings last until life ends:—

See him on the edge of life,
With cares and sorrows worn.

How good and pleasant it would be if the worthy physician could go on the retired list at sixty, and wear the balance of life away with honors and a competence, leaving the field with its contests and conflicts, criticisms and competitions open for other and younger men!—without waiting for the decay of his faculties, mental and bodily, to be discovered by his errors, omissions, trembling hands and failure of memory. Yea, much better for him to retire from practice before it retires from him; from labor to rest, from war to peace, from trouble to happiness, with a heart full of gratitude and a soul full of precious memories!

A youth of labor with an age of ease.

Computed by the ten-hour system, every busy physician does no less than five hundred days' work a year, loses much sleep and much rest, and has to serve a variety of masters at all hours, from sunrise to sunrise, Sundays as well as weekdays, night as well as day, often even snatched away from his dinner-table, truly a:—

Slave of the wheel of labor.

Every year, measuring by toil, vexations, anxieties, discouragements, and maltreatment, the average practitioner has three years of brain-work and of mental strain, has to endure all kinds of criticism, and does more charity than any other person in the whole community.

Ordinary trades and common occupations are learned in three or four years; perfection in them is then reached, after which the workman's life is simply a routine employment; not so with us, for in medicine there is a constant change; pathology, bacteriology, chemistry, hygiene, antisepsis, electrology, instrumental aids, empirical knowledge, and therapeutical power of all kinds are advancing; perfection is never reached,

consequently the physician's study and mental exertions are never done, for:—

New discoveries entail new duties.

The fact that a physician has to keep up a show of prosperity and that many pay visits with gloved hands and in stylish carriages, leads not a few unreasoning persons to infer that ours is a path of ease, strewed with roses; that we drive about during bank-hours, prescribe for a few select patients, receive fees by wholesale, and soon get rich enough to retire and live on the interest; all which is a great mistake. On the contrary, every older physician knows that owing to imposition and difficult collections and the large proportion of poor patients:—

With much of labor and little of profit,

the practice of medicine is neither a sinecure nor a money-making profession, and that it is almost impossible to get rich by it, unless one have extraordinary professional skill and repute; or be a celebrated specialist, doing delicate and intricate work commanding great fees; or a fashionable favorite lucky enough to attend groups of patients who have copious and open purses; or a leading surgeon, charging what he pleases—even getting large fees for small operations:—

Their hens lay eggs with double yelks.

In fact, I know of no legitimate field of human activity in which the same amount of capital and time invested, and labor, industry, and prudence exercised, would not be likely to prove more lucrative. Other men—the farmer, the merchant, the mill-man, and the miner—successful in their pursuits, can increase their business to any extent by employing additional hands and superintendents. A physician does nothing by proxy. His battle is a personal every-day fight to the end; he must undertake no more than he can do personally, and has no gains but from his own individual labors. Besides, the ex-

pense of living and the cost of books, apparatus, etc., have all greatly increased within the last few years:—

Expenses grow as science grows,

and the usual fees for services have certainly not advanced in the same ratio.

The income of the successful physician is far below what is commonly imagined, and many a high-minded, right-thinking member of the profession is in a constant state of poverty and debt, even after economizing in every direction and foregoing the purchase of many books and instruments which he actually needs. Besides, ours is not a long-lived profession, and many a worthy and able physician dies, and, instead of bequeathing a fortune, leaves those dependent upon him poor and helpless, unless they have acquired money otherwise than by his practice.

After his death, but few of a physician's outstanding bills are collectible. Many a one with a large practice dies and his family inherits only a ledger-full of worthless accounts, and his estate is found to be scarcely worth administering on, as though he had spent his life in:—

Dropping buckets into empty wells,
And growing old in drawing nothing out.

According to the mortality tables, the average life of the physician is fifty-six years. If he begin practice at twenty-four, his active-life prospect will be thirty-two years, and a thousand to fifteen hundred dollars represents the average physician's yearly income:—

Facts are stubborn things.

Now, were you (through God's mercy) to be in it and at it, all these thirty-two years without losing a single day, and collect (say) eight dollars every day of the time, you would receive but ninety-three thousand four hundred and forty dollars. Deduct from that amount your expenses for yourself and de-

pendents, your horses, carriages, books, instruments, etc.; your taxes, insurance, and a multitude of other items for the whole thirty-two years, and then, so far from being rich, even after this long and active life of usefulness in our important and honorable profession; yea! after a whole lifetime of mental labor, and physical toil, and of slavery to our unrelenting task-master, The Sick Public; from the days of the gruesome and unwholesome dissecting-room through all life's phases to old age:—

Withered, weak, and gray,

with not even the Sabbath to call your own,—when your harvest is past and your summer is ended you will have but little left to support you when you reach the down-hill of life.

The average physician is a man of such little business ability that, no matter how much work he does, if he collects money enough to meet his necessities he is seldom troubled about the balance. Money comes, money goes, and he saves nothing; therefore most physicians live and die comparatively poor. We had a friend, a strong healthy man of scientific ability and noble character, with brilliant mind, a good surgeon, and an excellent physician:—

Genteel in person, conduct, and equipage,

who detested attending to money accounts, and was so engrossed with practice and so neglectful about his fees that he kept no systematic accounts of charges and payments whatever, but trusted all to memory, and rarely sent any one a bill; the result was that his easy terms, coupled with his superior skill, made him extremely popular, with twice as much work as he could rightfully do, which kept him always-on-the-go, day and night; until, at the end of fourteen years, the fatigues, exposures, anxieties, and cares of his overgrown practice ran him off his legs, broke down his constitution, and with shattered nerves and sinews all unstrung he died, almost, as it were, by suicide:—

His sun went down while it yet was day—

leaving his wife and five orphan children without a dollar—nothing, except regret at his improvidence and lament over his lack of business system. 'Tis said:—

You never miss the water till the well runs dry.

He was, truly, the "pet of the town" while he lived; but his wife and children are now walking the cold, wintry vale of poverty:—

When the storm came they were left alone;

all because he had never learned the Yankee aphorism:—

There is more in Calculation than in Hard Work.

It is even whispered that a collection was taken up for his widow to pay his funeral expenses.

Be it your duty to yourself to guard against such a system, or, rather, lack of system; for, while you owe certain duties to your patients, you also owe equally great ones to yourself and to your dependents, if you have any, and no man should sacrifice or neglect either of the departments of duty.

One would suppose that physicians, whose lives are spent in preventing and curing disease in others, might themselves secure exemption from it; or at least turn aside from their own bosoms the arrows of disease and decay which their skill has averted from so many others, and attain unusual longevity. But not so; on the scroll of King Death we are but men like other men, and have no exemption from the common lot; are bound to him by the same laws of mortality, and being subject to perpetual wear and tear of body and mind we suffer sickness, are deprived of mental or bodily health, travel rapidly toward his realms, our bosoms receive his shaft, we pay him the natural debt, and fill an early grave fully as often as other men, yes:—

Death!—great proprietor of all—
Will seize the Doctor too.

If your death would leave those you love without support, it would be wise and reasonable to take time by the forelock and provide for each and every one of them by a sufficient assurance on your life, which can be gotten and maintained at a small cost; then you will have fulfilled your duty to those you love, and if you should be snatched away, being thus protected:—

The widow's heart will sing for joy,
And your orphans will be fed.

Besides, most other business men's resources and productiveness survive their death or outlast their ability to work, while a physician's gains represent nothing more stable than his individual capacity for labor, and end when he dies. Therefore, while you are young and healthy, determine to put away a part of your income as a nest-egg, or for a rainy day, or to fall back on in sickness or when old, tired of the occupation; when work is no longer pleasant but irksome; for no one knows how severely the storms of life may blow, or what infirmity, or ill luck or sickness may overtake him in the course of time, or how dire may some time be his need for money; furthermore, even if one is lucky enough to escape death and all the uncertainties of health, and reach a hale old age, it is the dollars saved during the early years of practice that roll up into future competence, and enable him and his to partake of various comforts and substantial enjoyments later in life; your money comes honestly, when it goes let it go usefully. Extravagance in horseflesh, carriages, and other expensive "shows" indulged in during their days of financial prosperity, has brought regret when it was too late to many of our clan. Follow an opposite course and:—

For age and want, save while you may.

After paying debts, owning house, library, office outfit, horse, carriage, etc., if you have any surplus earnings, either

put them in one or more good savings banks whose directors will invest them wisely; or make other safe near-by investments, such as first mortgages on real estate; or buy registered city, town, or State stocks, or United States government bonds. Take care to seek quiet investments, with absolute safety and fair interest. Also consider the subject of a non-forfeitable, non-assessable endowment life policy, payable to you yourself at the age of sixty, or to your dependents, if you die sooner. Such a course is much wiser than to buy houses or business places to rent, or farms for tenants on shares, as these are all troublesome kinds of property, and all require constant watching to prevent loss.

Make it your iron-clad rule neither to go security for other people's debts nor to put your name on promissory notes as indorser for any one to whom you would not cheerfully give the amount; but instead of doing so refer all applicants to the security and trust companies. You had better risk bad feelings or a rupture at your refusal to break your rule than to have war over their failing to pay their obligations and throwing their burdens on you.

Above all else build a strong, barbed-wire fence, as high as a church steeple, between your hard-earned dollars, and the whole horde of fakirs with land speculations, lumber combines, telephone ventures, irrigation projects, railroad extensions, gas schemes, commercial and marine enterprises, patent rights, or ideas to be patented that will revolutionize this, that, or the other thing, even though the fakirs of each declare:—

There are millions in it.

Also build one still stronger and higher between your earnings and all gold-brick bubbles from the North, orange-grove myths from the South, and gushing oil-well fakes from the middle regions; and steer clear of mining stocks—silver, gold, or copper trusts, combines, etc., wherever located:—

The woods are full of them,

each promising seven or ten per cent. annual returns, and each in the end teaching the same lesson:—

Heads they win, tails you lose,

otherwise the banks and wide-awake capitalists would quickly buy all they had to sell. Remember that:—

All men that are ruined are ruined on the side of their natural propensities.

Physicians are notorious for making bad investments and doing so has caused many of your brethren to end their days disappointed and moneyless instead of happy with a competence. Therefore, it is better, far better, for you to leave all uncertain big-profit, wildcat ventures:—

Rotten at both ends,

to financial idiots and other "lambs" who can afford to risk and to lose, and to keep out of all investments that you yourself do not personally know as much about as anybody else does, instead of entering games you do not understand, with sharks and sharpers who will work you for their own pockets; otherwise, you will be fleeced, and have shorn from you many of the precious dollars that have cost you so much study, care, and labor.

Neither feel nor show hostility to hospitals, dispensaries, or other resorts for the sick. They are necessary, do great good, and have come to stay, and it would be as fruitless to fight against them instead of merely combating the sins and encroachments of those who use them for selfish ends, as it would be to throw sticks at the sun or stones at the moon.

While you should extend the right hand of friendship to anything and everything that is intended to aid our warfare against sickness and death, it is your duty to raise your voice against the fearful abuse of medical charities by mean impostors

and the unnecessary increasing of the number of free special dispensaries, college clinics, and outdoor departments to hospitals, church infirmaries and private retreats, which, of late, under the color of charity, attract not only aching beggars and the abject poor from squalid hovels in the alleys, drunken and worthless men's families, the outcast and poverty-stricken sick, and humble people out of employment, whose faces, hands, feet, gait, vocabulary, rags, and forlorn aspect are all unmistakable; but also thousands of stingy impostors and miserly drones, who are abundantly able to pay for medical attendance; and thus offer a refuge, in their rainy day, to the lazy and the vicious, against which they need not provide by industry, sobriety, and economy.

Make a person a medical pauper or encourage him to drop his self-respect and become a public beggar; or destroy his spirit of independence and manhood in one thing, and he is apt to degenerate and become more and more improvident and worthless in every way, until he finally cares for neither debt, dirt, nor the devil.

Neither institutions nor individuals of the profession—and the same may be said of pharmacists and physicians who keep drug-stores and prescribe over their counters—have, in the spirit of common justice, a right to give professional services to the public without fee, except to the moneyless poor; for, although there may be no loss to them personally, it has a pauperizing tendency on a certain large class of people, and is also taking bread from the mouths of other physicians by ruining practice that would otherwise fall into their hands, and to that extent despoils the profession of its legitimate fees:—

Glory built on selfish principles is shame and guilt.

Thousands of young and deserving sons of Æsculapius are now cheated or robbed out of what would be to them bread and a slender support, and barred of a way to get into practice:—

Shame! Shame!! Shame!!!

by so-called "College," "Hospital," or "Church" charities, carried on chiefly to benefit the carriage-wheels and the pocket-books of their medical staffs, who, to gain reputation for their individuals and to outstrip rivals, treat anybody and every body who applies—rich, poor, and intermediate—whether entitled to the benefits of charity or not, without the slightest regard to the interests of other medical men or their desire to do a share of the profession's charity work; truly:—

There is something rotten in the State of Denmark.

For an individual publicly to offer gratuitous advice to the poor is deemed unprofessional under normal conditions, but we doubt whether either honor or ethics prevents any one or every one whose business and bread are being taken from him by these free-to-all institutions, from either announcing certain hours, during which he also will treat the needy poor gratuitously; or from joining others and establishing small co-operative clinics or dispensaries for general or special practice, in which they too may display their skill, etc. What is fair for a combination of ten, twenty, or thirty with a chartered institution behind them, is no less fair for one, two, or three with deserving families behind them, and we know of no surer plan of self-protection than this, for those suffering from such injustice, and:—

May the God of Justice bless the undertaking.

Against municipal hospitals and dispensaries, run fairly and squarely for true charity to the needy poor, neither we nor any one else has aught to say, and the shameful wrong done to our profession by semi-private institutions lies not so much in the working of their hospital departments as in the conduct of their greedy dispensaries and their unfair free outdoor departments:—

How long, O Lord, how long!

Probably a considerable proportion of the impostors and dishonest paupers who impose on these institutions, knowing the risk of being detected and turned away, would be deterred from risking this exposure to the public by the conspicuous display and honest enforcement of some such rule as the following: "This dispensary is for the moneyless poor only, and every applicant must furnish proof of his poverty."

Found your ideas of Christian duty and of doing charity on the fifth, sixth, and seventh chapters of Matthew and the thirteenth chapter of First Corinthians, and you cannot go far astray from the true and noble path.

A good, honest collector—one who possesses correct judgment and sufficient tact to wake up delinquents and hard customers and collect your bills from them in "dribs and drabs," on a regular installment, or other plan, without irritating and converting them into active enemies—will be found very useful, and is quite necessary if you be too tender or too high-spirited to ask for your fee, or to allow a direct transfer of coin from the hands of your personal friends or refined patients; or if you have no time or are an indifferent collector yourself. Having only business transactions with patients, his interviews with them are business exclusively, and he can persevere in his efforts to collect to a degree that you would find unpleasant or humiliating. Letting their bills stand too long is one of the reasons why physicians book so many bad debts. Many thoroughly honest people are too poor to pay large bills, and if you allow their accounts to accumulate from time to time into large bills they will be unable to pay them, even if they wish, and consequently you yourself will place them in a position of embarrassment. Having a tactful collector prevents this and keeps one's financial department in a healthy condition. It also tends to stimulate those who are habitually slow of payment; and, at the same time, weeds out undesirable patients from your list before they run their bills too high.

To prevent people from taking offense at your giving their bills to a collector, keep a supply of notification cards saying: "I have given Mr. —— a few bills for collection and placed yours among them—as I must give him a few good ones among those that are not so good—that he may make enough to encourage him. Being too busy to do my own collecting, I send him, not to displease or annoy you, but for your convenience in paying. He will call on you in a few days." By mailing one of these in an envelope in advance you will prepare them to meet him kindly and avert ill feelings toward either him or yourself.

You should have some specific agreement with your collector, not only in regard to his rate of percentage for collecting, but also as to the conditions under which he is to claim it. Among other things you should stipulate that he is to make full returns to you every seventh or fourteenth day; that he is to have no percentage on money paid to you by those whom he has neglected to visit for a month; and that he is to receive nothing on bills placed in his hands if the indebted parties call and pay before he has delivered their bills; in fact, nothing on any bill which he does not in some way assist in collecting.

You will pay dearly for every day you fail to take your bills from a collector and get another in his place after you discover that he is neglectful, dissipated, or dishonest! Thousands of physicians have lost money in this way.

It is wise to post your books, make out bills, settle with your collector, and, in fact, to conduct all the features of your pecuniary department as much out of public sight as possible, so that outsiders may know little or nothing about you except as a medical attendant.

If you adopt some special color or tint for your bills, it will not only make them easy to find when patients mingle them with others, but will also remind those who are remiss or tardy of that fact every time the color arrests their atten-

tion, and by thus constantly reminding them may secure or accelerate payment.

The publication of lists (black-lists) of the names of fraudulent patients among physicians practicing in the same section is mutually profitable, as it is a means of telling who is who and debarring those who can pay if they wish from systematically imposing on different physicians, and coercing them into retaining a certain one and paying him. From such lists the deserving poor, unable to pay, should always be omitted.

A good way to get up "The Physicians' Protective Alliance" is to have a meeting of the physicians of your section, and, after organizing, appoint a Publication Committee, to which every member shall, within a specified time, hand a list of the names, occupations, and addresses of able-to-pay patients who, either through carelessness or from lack of honest principles, have owed them bills *unjustly long*.

All these names should be alphabetically arranged and published, in a small, plain, blue, cloth-bound "Reference Book," one copy for each member. Also have to accompany each book a *separate* printed slip or index key, containing the name of each physician who has given a list, with the number assigned to him by the committee placed before his name; thus:—

1. Dr. John Allen,
2. Dr. Henry Blair,
3. Dr. William Curry, etc.;

these slips to be kept sacredly private, for the use of their owners only. Suppose Dr. James Shaw is No. 16 and Dr. Thomas Wilson is No. 31 on the slip or key. We find among the delinquents the name of Samuel Adams, plasterer, No. 127 N. Bond Street, with 16 behind it. This, of course, shows that Samuel Adams has been either careless or unjustly slow in paying No. 16 (Dr. Shaw) a bill that he owes. If 16 and 31 both appear behind his name, it shows that he is in bad standing with

both Drs. Shaw and Wilson, and has been reported by both, either of whom can give you information. The object of such an association should be: *not to forbid* any one who chooses to attend delinquents from doing so, but simply that the members may know of those who can pay, but will not, so that any one may either decline to attend them or do so with his eyes open.

The list of names in the book should, for obvious reasons, follow some such inoffensive title as:—

THE PHYSICIANS' PROTECTIVE ALLIANCE.

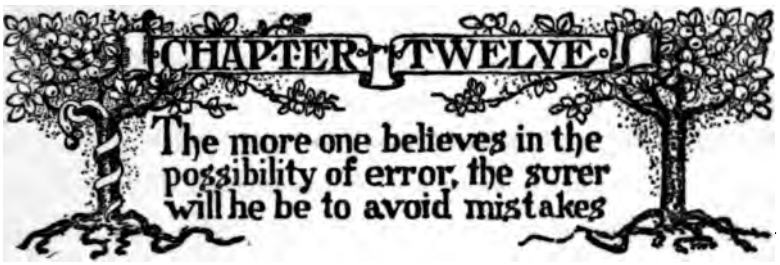
BUFFALO, N. Y., January 1, 1903.

THE FOLLOWING IS A LIST of persons who, either through carelessness or from lack of honest principles, have been indebted to various physicians *unjustly long*:—

Adams, Samuel, plasterer, 127 N. Bond Street, 16.

Bowman, Daniel, engineer, 479 W. Biddle Street, 23, 44.

Every two or three years new lists should be handed in and a new volume be gotten up and issued.



IN the course of your professional career you will come in contact with humanity in all its aspects and all its phases. Therefore, be alert, observant, and apprehensive. You will be supposed to foreknow all conceivable things relating to disease, its dangers, and its terminations; therefore never exhibit self-accusing surprise at any possible event growing out of sickness. Even when cunning death has unexpectedly visited some one under your treatment, do not let your manner or expressions indicate that you were altogether ignorant of its possibility, or that you regard yourself as deserving of blame, since every case has not only its probabilities, but also its possibilities.

When you are attending cases in which there is danger of rapid or sudden death, beware of ordering chloral, opiates, or other potent drugs in such a manner as to create a belief that they have caused or hastened the end. Circumstances, or fear of coincidence and blame may even render it judicious to avoid writing a prescription at all, and simply to order this or that appropriate, but harmless, remedy under its common name, so that, its suitableness to the case and its innocuous nature being understood by all, you may not be unjustly charged with doing harm by it. Winter and summer precede and follow each other, but neither one is the cause of the other. Be ever ready with arguments on this point.

When any one under your treatment sinks and expires unexpectedly, or dies mysteriously, or with shocking sudden-

ness, or shortly after beginning the use of some potent agent that you have directed, or the administration of some new remedy, or soon after you have performed some operation, or when you have just pronounced him better—alas:—

Joy and sorrow are next-door neighbors—

or in any other way that could possibly subject you to unjust implication or blame, it is better quietly, but bravely, to make a visit to the house of mourning:—

Before the egg is hatched,

with a view to ascertain the exact cause of death, to discover what attitude the friends assume toward you, to meet their criticisms and protect yourself against eventualities by explanations, etc. On such occasions you cannot be too calm and self-possessed, nor too well prepared to explain, and, if necessary defend, your actions and course of treatment. By so acting you can anticipate injurious and prejudicial reports and suppress or shape them before they become widely circulated among your friends and foes:—

On eagles' wings will scandals fly.

Bear in mind that rapid changes and death are often due to the gross imprudence of patient or friends, or to some mischievous article of food or drink that has been smuggled in. Also, remember that intercurrent diseases and unusual or unexpected causes cut short the lives of many patients before the physician has time to recognize and announce them.

Dropping in for the purpose of preparing and giving to the family the certificate of death affords a good chance for a desired interview after any one's death. Never say in a death-certificate that your patient died of "Kidney Disease," "Heart Disease," "Old Age," "Heart Failure," or other indefinite or unscientific affection; but instead of vaguely lumping it thus, be specific enough to tell that you were scientific enough to

know that it was, "Nephritis" or "Mitral Disease of the Heart," or "Capillary Bronchitis," or "Asthenia," or "Inanition," or whatever other underlying or specific affection may have been the chief agent.

When you are called to a case of sudden death the greatest composure of mind and manner is essential and important; be guarded and discreetly reserved:—

The tongue is the rudder of our ships—

and never assume an oracular or prophetic air, or express any flat-footed opinion of the cause in any such case, but show a sphinx-like determination neither to form an opinion nor deliver to the anxious friends and onlookers any statement, until you have carefully collected and duly considered all the circumstances, and always remember that:—

Second thoughts are best.

The possibility of death being due to embolism, paralysis of the heart, syncope, pulmonary apoplexy, or other disease of the heart, lungs, or brain; to criminal or accidental poisoning, violence, or suicide; should be calmly and thoughtfully weighed before you express any opinion; for, should you rush in with a flurry, neglect this precaution, and un-call-back-ably christen the disease according to your first-born opinion, further developments in the case may prove it to be some other well-known affection, and expose you either as a butt to pleasantry and ridicule or to severe censure and deep mortification.

If you are called to a case of terrible or unexplained sudden death in which violence is suspected, or to which you are summoned by the police or coroner, be very careful to note everything in connection with the body and its surroundings, and also where a postmortem is necessary, the condition of the viscera, each one of which should be carefully examined before giving any opinion as to the cause of death. Your notes should

be taken then and there by yourself or an assistant, in non-technical language, recording first the year, day of the month, and the hour, then the facts of the case:—

A compilation of truths,

and your interpretation thereof, and subsequently your comments. These notes should be preserved, as you will be allowed to peruse them in court, not wholly to rely on them, but only to *refresh* your memory, if called there to give evidence. If the cause is suspected to be poison, be very careful to tie the stomach at both ends before its removal, and keep it and its contents in clean, sealed vessels, under your own eye and custody, till a chemical analysis can be made, unless their care be confided to the police. If a person be dying from the effects of violence, wounds or poison, when called to him, calmly and feelingly impart the fact to him, and if he volunteer a statement of the circumstances causing his injuries, or in reference to his assailants, take his words down at once in his exact language, as such a statement will be received in court as if made under oath, provided the person makes it under the belief that he is about to die of his injuries. Bear in mind that death following an injury does not always mean that it resulted from the injury, for it might have been from some intercurrent cause:—

Death has a thousand doors to let life out.

The popular belief is that if a sudden death begins at the heart there must have been a pre-existing disease of the heart, and the person's medical attendant is often reproached for not having discovered it during the patient's lifetime. You will do well to explain that the healthiest heart may suddenly become paralyzed or mechanically occluded (thrombosis or embolism) and sudden death result. The ordinary termination of organic heart disease is not sudden, but very slow death, preceded by dropsy, inability to lie down, etc.; in fact, with the exception of cases of aortic stenosis, or regurgitation, or fatty degenera-

tion, there are few, if any, forms of organic heart disease that cause sudden death. Syncope, from mental emotion or physical exhaustion, if not promptly and properly met by the recumbent posture and restoratives, may cause sudden death, even when the heart is entirely free from disease.

A belief that stout, healthy people endure accidents, operations, accouchements, diseases, etc., better than weaker, complaining people, is another popular error. The truth is, the latter are schooled to pain, to disordered functions, lack of exercise, etc., and when they have to endure afflictions, the mutation from their ordinary condition is less than in the former, and they have not so much vital force to be perverted into morbid action, and in many instances their cases turn out more satisfactorily. Plethoric systems generally bear depletion by blood-letting, purgation, etc., badly, because their circulation is accustomed to a certain degree of fullness and tension, anything short of which causes disturbance of the different functions. The loss of a few ounces of blood will sometimes cause a plethoric man to faint, while a spare one might have lost a like or larger quantity without injurious effect.

Old persons seldom bear surgical operations well, especially if they have any disease of the urinary organs. Make it a rule, therefore, *always* to examine their urine before operating. If any such patients die from shock, narcosis, hemorrhage, or sepsis, after your steel-edged interference with growths, deformities or ailments which they have endured for years with only a certain amount of inconvenience, you will, in all probability, be greatly blamed, and accused of having dragged him like a doomed ox to the slaughter-house, simply for the expected fee, or to show applauding bystanders your great energy, your daring skill, or your manual dexterity:—

Prove that you belong not to the guilty.

You are not expected to set aside the laws of Nature, and

will seldom be censured for a fatal issue in the diseases of the aged whose lives come to a standstill:—

> Like a clock worn out by eating time,

and never in those of hard drinkers, or in cases in which you have promptly given an unfavorable prognosis. On the other hand, if a woman dies in her confinement you will be "cussed" and discussed; and if there is any possible chance to blame you it will be done, for the reason that child-bearing is designed by Nature to increase and not to diminish the number of our race; death, therefore, in labor—which is a physiological function—or during the lying-in—which is a physiological state—seems contrary to nature, produces a shock in the community and often evokes severe criticism of the medical attendant.

Wretched, heart-broken patients who are suffering acutely, perhaps afflicted with painful, immedicable diseases, and the miserable, flabby melancholiacs, on the verge of starvation and despondency, with all their emotional chords out of tune, —a hopeless burden to themselves and to others—will occasionally imploringly ask you:—

> Is there no shorter, gentler way
> To mingle with our fellow-clay?

and prayerfully plead to you from the depths of earnestness to give them something to put them out of the weary, weary, weary world:—

> I seek the quiet of the tomb,
> There would I rest.

Likewise, in the case of those who are enduring terrible suffering from which recovery is impossible; also, at the birth of deformed infants and monstrosities, and in the case of persons with helpless or imbecile dependents, there may be those who will hint at, or even openly request, that something may be done to release the unfortunates from torture by painless death.

In many such instances you will agree with the humanitarian view that:—

'Twould be an alms to hang him—

and that, were God to put the poor sufferer out of his misery, it would be a blessing; yet with this aspect of the case you have nothing to do. In refusing such solicitations in kindly but explicit language, let your argument be that all human life is sacred and that no man has a right to say another's life is useless, or like Nero to exclaim:—

Twenty more with no excuse for living! Kill them, too,—

also, that since a person has no right to end his own existence he cannot delegate such a right to another; and, even if he could, you would be the wrong person to ask, since your province, as a physician, in the great drama of life is to prolong human life, not to shorten it.

So sacred is human life that were you to perform craniotomy and the child be still alive when born, or should you deliver a monster unfit for earth, you have no right to extinguish life in either. You will now and then actually be execrated for saving a life that those around don't want saved,—whom they for one reason or another want out of the way.

Many cases admit but gradually of a diagnosis and prognosis. In accidents obscure as to nature or degree, and in cases of sudden illness, when you are pressed to say whether you consider the case dangerous or likely to be of long duration, reply deliberately and avoid giving definite answers until you see whether any more serious affection is hidden behind the present one—whether new symptoms will develop, whether the system will react, and whether there will be a response to the remedies used. During the progress of such cases be careful to school your features and your manner, so that people may be unable to read hesitations, doubts, and surprises written all over your face:—

Like the pages of a printed book,—

else they may either insist on consultations or dispense with your services.

In giving a diagnosis or prognosis, you should always use the plainest (English) language and as concisely as possible; and, whenever and wherever repetitions are necessary, it is best to adhere as closely as possible to the same phraseology.

In cases of persons found in an insensible condition on the highways, or lying in bar-rooms or at station-houses, life itself may depend wholly on a proper diagnosis. Many a one has been:—

Thought to be drunk, found to be dying of something else,

therefore, although you may strongly suspect drunkenness, you are supposed to form opinions from a scientific insight, unmixed with guesses or sentiment, and will act wisely to do no guessing, but to give a provisional opinion only, until the return to a sober state. It is better to say, "He is unconscious, but whether his insensibility be due to the alcohol, or to other causes affecting the brain, it is at this time impossible for any one to determine."

Never pronounce that an injured limb is "only bruised or sprained," and order a liniment, with assurances that it will be all right in a few days, until you are positive that it is not fractured or dislocated; or the continued pain and swelling may carry the patient to some more cautious physician, who will discover the truth to his great honor and your shame. Many and many a physician has been caught in this trap.

When called to cases of gunshot or other penetrating wounds, serious burns, cuts, lacerations, fractures, bites, etc., take care to mention incidentally to the friends the possibility of erysipelas, septicemia, lockjaw, gangrene, etc.; or of deformity, or permanent impairment, or whatever other unpleasant results may be reasonably feared; and in giving your

prognosis invariably allow ample time for these to appear if they intend to do so, that every body may know you are not only wide-awake to all the probabilities, but also to all the possibilities of the case.

With regard to burns, remember that the gravity of a burn is often due less to its depth than to the extent of surface involved in the blistering process.

Your patients will differ greatly in the nature and extent of complaint which they make in detailing their subjective symptoms. Some who are stoical and apathetic will fall into the error of understating their true condition, fearing that a fuller statement may alarm their friends or lead you to consider their cases serious and to prescribe much and strong medicine for them, or induce you to make numerous visits. Such patients will sometimes die almost without giving a sign. Others, again, of a hysterical or nervous temperament, fearing that you may not consider them as ill as they conceive themselves to be, will, in detailing their sufferings, magnify every symptom, and seek in every way to impress you and others around with an exaggerated idea of the intensity of their sufferings and the gravity of their condition. One of the many advantages which one's regular attendant has over other physicians is his familiarity with the peculiarities of temperaments that lead one person to take a natural and another to take a distorted view of his case; also with the extent of the vocabulary that each of his patients employs, and with the degree of intellect and amount of precision which each uses in answering questions and in describing his sufferings. A refined lady from the drawing-room, an illiterate man from the barnyard, a thoughtful lawyer, a thoughtless school-miss, a grammarless sailor, and a toploftical dude:—

With intellectual dyspepsia,

would each use a different set of words to express the same symptoms or their various sensations.

In spite of your earnest and best endeavors, you will often be criticised or upbraided for your lack of foresight in relation to the recovery or death of patients. Ability to estimate correctly the amount of vital power in each case, by the temperature, pulse, look, visage, voice, attitude, movements, and general appearance of the patient, is essential to the perfection of your skill as a physician. It is something apart from the diagnosis, pathological and therapeutical, and few attain it.

The truth is that life is a *different* quantity in different people: one man will scratch his finger and die, swept out of sight like a dry leaf on a rising gale, another will get both legs cut off and live, and you will usually have no other way to judge this or that patient's prospect of recovery from either of the twenty-four hundred different medical and surgical maladies that afflict mankind than by the *average* vital standard. You will sometimes have cases which will baffle every method of calculation and surprise you by their possessing a great deal *less* than the average tenacity of life, and others by having a great deal more; and, no matter how careful you are, there still exist rocks that are not to be climbed, and pits not to be fathomed, and problems which from their very nature are unknowable; hence, you cannot, with our present knowledge, accurately and unfailingly prognosticate the endurance power of every patient.

To illustrate what is meant:—

NORMAL HEALTH	0.
DEGREES OF DEPARTURE.....	1st.
	2d.
	3d.
	4th.
	5th.
	6th.
	7th.

Suppose the above seven figures to represent the various

degrees of mankind's ability to endure sickness and injury, and that the fourth figure represents the average extent of vital endurance power; some patients will actually succumb and die like sheep if the first degree be passed, some if the second be reached, others can endure only to the third, and so on; while, on the contrary, some with iron constitutions have tenacity of life enough to recover after going as low as the fifth or even the sixth degree. Now, if your X-Rays could penetrate each patient's vital recesses and measure, as with the rule and the compass, his assimilation and innervation, absorption and secretion, reproduction and decay, sensation and reflex action, and thus get the total of his endurance power,—could then scrutinize the mortiferous processes and see at what point his possibility of recovery ends and his dissolution begins,—you could disentangle and unroll and read, as with the horoscope, his whole charter of life from perfect health to death, and make your knowledge of each and every patient's web a matter of mathematical certainty. There would then be fewer medical and surgical riddles and fewer unanswerable hows and whys, and you would seldom, if ever, be reproached for unpredicted terminations. This neither you nor any other mortal can yet do:—

It's beyond the wit of man,

but you can prepare yourself on all points, and make physiology your grammar, pathology your dictionary, physical diagnosis your medical bible, and therapeutics your crowning study. You can, also, keep your eyes and ears, mind and heart, genius and talent, all wide open, and make use of all the teachings of accumulated experience, and avail yourself of every new aid offered to you by advancing medical science:—

Full many a pupil has become
More famous than his master.

Disease and death are parts of the plan of creation. The

former afflicts earth's children in every clime, and the latter is busy from pole to pole. Fear of disease and dread of death are parts of human nature and cause mankind everywhere to appeal to the physician: the prince in his palace, the peasant in his cottage, and the outcast in his hovel; the citizen in his mansion, the laborer in his shanty, and the felon in his dungeon; the man with his millions and the man with his hoe; the conqueror and the captive; the lord and the serf; the sailor and the soldier; those clad in the purple of authority, the ermine of rank, or the rags of squalor; the most beautiful of women, and the hag; the manliest of men and the cutthroat; the man of religion, the man of law, and the man of science; every nation and tongue, the Christian, Mohammedan the Jew, and the Pagan. Yea! wherever sick and suffering mankind are, they imploringly turn to our world-wide guild for relief, and in return:—

The benefit is unspeakable.

This reliance of humanity on you as a physician skilled to heal its wounds and to cure its diseases naturally brings you in contact, on one side, with mankind's greatest earthly interests, and, on the other, with the great science and glorious art of medicine, and makes your power in your legitimate sphere almost monarchical: you go when you please and come when you will, order what you choose and forbid what you may. You are intrusted with secrets that would be confided to no other person, and are as an honorary member and guardian to every family you attend; you have access to persons whom no one else can reach, at times when no one else is admitted and allowed an intimacy accorded to no other. You wield strong influence over husbands, wives, children, and servants, and, as a Judge, lay down laws to govern each in matters of life and death; and are obeyed almost as implicitly as though you were Julius Cæsar or the Czar of Russia, yea:—

The foremost man in all this world—

and your knowledge, skill, and attention will be many and many a fellow being's last earthly hope, bestowing blessings and being blessed wherever you go.

Thus, you see, no other men under heaven can do humanity so much good as physicians! We deal with precious life itself—with the wasted form, the pallid cheek, the sunken eye. We see all of life's panorama from the entrance cry of infancy to the parting sighs of old age. Others may have the will, but they have neither the power nor the opportunity; this, with its humane nature, makes ours as noble a calling as exists on the face of the earth—a calling capable of developing all the good qualities of your heart, your hand, and your brain.

Keep the greatness of this trust and the responsibility and glory of our sublime and ennobling profession and the divine command:—

Go heal the sick,

ever in mind. Do all the good you can, to all the people you can, in all the ways you can, and remember at all times that every action, every word of your tongue, every nod of your head, quiver of your lip, wink of your eye and shrug of your shoulders, will be observed and weighed. Therefore, strive to make your manner and your methods as faultless as possible and let no word and no thought ever escape you unsuitable to the occasion. Also keep your lamps trimmed and your oil ready and observe punctuality and system in attending all who place themselves under your care; manfully striving to do your best for each and every patient you attend, that you may fill many bosoms with gratitude and many mouths with praise, and be truly called A GOOD PHYSICIAN.

Thus would we attempt to show that, the more closely we study the moral and physical peculiarities of the various classes

that make up the community, the more clearly shall we see that the practice of medicine has a peculiar and complex environment, and that WE SHOULD MAKE SKILL IN PREVENTING, RELIEVING, AND CURING DISEASE OUR CENTRAL THOUGHT AND OUR CHIEF RELIANCE, AND, AS MEN AND BROTHERS, SHOULD DISCHARGE EACH AND EVERY DUTY TO OUR GREAT MASTER'S ENTIRE FAMILY, AT ALL TIMES AND IN ALL PLACES, WITH FIDELITY AND HONOR; and, further, that we must also possess professional tact and business sagacity if we would succeed in the profession to the fullest extent that lies in us and create for ourselves corresponding spheres of usefulness in the world.

IN CONCLUSION, WE FONDLY HOPE THAT OUR LITTLE BOOK MAY TEACH THOSE WHO FOLLOW ITS SUGGESTIONS TO SURMOUNT MANY OF THE OBSTACLES AND TO DECIDE A MULTITUDE OF THE DILEMMAS THAT ARISE IN THE COURSE OF PROFESSIONAL LIFE; AND ALSO AID THEM TO DISCERN THE STRAIGHT AND NOBLE PATH MORE CLEARLY AND TO FOLLOW IT MORE BRAVELY, MORE FAITHFULLY, AND MORE SUCCESSFULLY; FOR IF IT DOES THESE, IT WILL BE OF IMMEASURABLE BENEFIT TO OUR PROFESSION AND THUS GRATIFY THE WISH THAT FILLED OUR HEARTS AND INSPIRED US TO ATTEMPT ITS AUTHORSHIP.

D. W. C.
W. T. C.



INDEX

Ability, popular test of professional, 110
Abortion, solicitations to produce, 97–99
Accidents, demeanor in attending, 398
Account-books, why keep, 23
Accounts and bills, professional, 335–390
Æsculapius and Hygeia, symbols of, 176
Affidavits, professional making, 158
Ailments, slight, never to be ridiculed, 156
Alcoholism, deaths from, 396
Allopathy, a hostile misnomer, 299–302
Analyses, why make all privately, 252
Anatomical museum impostors, 226
Anesthetics, precautions regarding, 207, 208
Apologetic letters condemned, 177
Assistant, lending self as, 162
Assistants, four excellent, 242
Attending after other physicians, 83, 131
Attending by the year condemned, 349
Attending out-patients at business places, 78
Attending practice for another, 131, 132, 369
Autopsies on deceased patients, 142, 143
Avarice denounced, 365

Bandaging too tightly, 206
Baptism, conditional infantile, 171
Best time to talk business, 340
Bills and accounts, for services, 335–390
Bills, special color for, 388
Bills, when to render, 358, 364
Black-lists for mutual protection, 389, 390
Blame, things that lead to, 395, 396
Boasting, the habit of, 48, 175
Book-agents, cautions in regard to, 107
Book-keeping, suggestions on, 23, 345–347
Books, buying medical, 107
Books, family medical guide, 227
Books, posting one's account, 345–347
Boots and shoes, creaking, 117
Bores and hypochondriacs, 65, 214, 215
Borrowing condemned, 116
Branch offices, 7
Bread-pills condemned, 190
Broaching the fee question, 340, 360
Business, a good time to talk, 340
Business system, the necessity of, 12

Calls, daily list of, to prepare, 23
Calls, hurried, responding to, 26, 216
Cards, professional business, 22
Carriages and horses, 36–38
Case, how to withdraw from a, 179
Cases, benefit of remembering, 126, 183
Cases, hopeless, attendance on, 367
Cases, how to decline to attend, 215, 216
Cash system, the, extolled, 338, 339
Catholic patients, our duty to, 170–172
Cautions, 27, 393, 398
Censure, when to expect, 395, 396
Certainty in medicine, 270–273
Certificates, clergymen's, to quacks, 324, 325
Certificates, indefinite death, 158, 392
Certificates of sickness, 95
Chair or table, surgical, in office, 10
Changing diagnosis and prognosis, 153
Changing medicines, tact in, 219
Chapters, beginning of, 1, 45, 97, 134, 165, 203, 240, 257, 276, 311, 335, 391
Charges, attempts to increase one's, 350
Charges in important cases, 352–354
Charging by the case, advantage of, 352–354
Charities, medical, abuses of, 384–387
Charity, the demands of, 71, 128, 369, 370
Cheap doctors not esteemed, 352
Cheerfulness in the physician extolled, 63
Children, crossness and tears in, 232
Children, the governing influence of, 70, 126
Christian Science denounced, 283, 293
Chronic discharges, suppressing, 234, 235
Chronic diseases, patients with, 183
Cigarette habit, the danger of, 163
Cipher codes condemned, 314
Clandestine visits, caution concerning, 180
Classes of people encountered, 18, 150, 177, 178, 192, 193, 374, 399
Clergymen, the ministrations of, 165, 167, 324
Coarseness and vulgarity condemned, 117
Coincidences, lucky and unlucky, 208
Collecting fees, the subject of, 335–390
Collector and his collections, 387, 388
Colored patients, 347
Commission, the sin of, *versus* omission, 203
Companions, kind to select, 12–15
Competition, wars of, 41, 44, 348, 349
Concealing contagion, 101, 159, 160
Conditional baptism, how administered, 171
Conduct in the sick-room, 63, 67, 184
Confidants, the danger of making, 153
Confidence, the, of patients, 67, 178
Confinements, attending women in, 145–147
Constitution, knowing the family, 137, 138
Consultation fees, 263
Consultation, when to ask for, 259, 260

Consultations, management of, 264, 268
Consultations, punctuality in attending, 261
Consultations, radical changes after, 262
Consultations, suspense preceding, 262
Consultations, the object of, 261
Consultations, the subject of, 87, 259–269
Consultations, whom to call into, 261, 268
Consultations with irregulars, 303
Consulting physician, dispensing with, 264
Contagious diseases, cautions, 101, 159–161
Contagious diseases, the dread of, 376
Contingent fee, why not work for, 357, 358
Contracts to do, what a physician, 90, 92, 215
Conversation, power and influence of one's, 69
Costly articles, money wasted on, 220
Costly medicines, ordering, 328
Countenance, the physician's, 63, 219, 391
Creed limiting, or limiting practice, difference between, 34
Creeds in medicine, 277–280
Critic, duties of literary, 90
Critics and wiseacres, 217, 218
Crude therapeutics condemned, 250, 251
Cuckoo, selfish habit of, 42

Death of physicians, 379, 381, 382
Death, references to, 169, 173–176
Death, the power of the tyrant, 166, 176
Death-certificates, indefinite, 158, 392
Debates, points to observe in, 105, 106
Debts, paying promptly commended, 116
Decrying medicine condemned, 270–273
Delusions regarding physicians, 118, 237, 378
Diagnosis, hints regarding, 70, 92, 153, 155
Dialogue, an instructive, 141
Dictionaries and encyclopedias, 50
Diet-list, how to make a, 248
Dining with patients condemned, 122
Discharges, suppressing chronic, 234, 235
Discoveries, profession's attitude toward new, 282
Discussions, public, with irregulars, 284
Disease and death everywhere, 401, 402
Diseases, chronic, attending, 75
Diseases, fee in advance for secret, 358–360
Diseases, increased human tolerance of, 276
Diseases, number of mankind's, 400
Dishonesty, where oftenest found, 192–196
Dismissal of physician, 87
Dispensaries and hospitals, encroachments of, condemned, 384–387
Dispensary and hospital *versus* home patients, 79
Disreputable patients, 76, 177, 178, 180
Disreputable titles, 119
"Doctor," calling Tom, Dick, and Harry, 319
Doctor or physician? 19
Donations, giving for charity, 128
Doses, heroic, giving, 196, 331
Double callings condemned, 30, 31, 118
Dress and manners, influence of, 28–30, 117
Dressing too warmly, 230
Drinking intoxicants, 14, 118, 119
Druggists and pharmacists, 311–334
Drugs, necessity for pure, 329, 330
Drugs that enslave, why avoid, 255
Drunk, oh pshaw! he is only, 398
Drunkards, the death of, 396
Drunken doctors, 118–120
Duties, five cardinal, 197
Duty, our, to the dying, 169, 173, 174
Duty, our, to the laws, 188

Earnestness extolled, 49, 152, 173, 183
Eat anything, may the patient? 248
Eating with patients condemned, 122
Education, importance of, to physician, 50–54
Emergency cases, duty in, 26, 86, 154, 266
Employers, attending cases for, 341, 342
Encyclopedias and dictionaries, 50
Engagements, obstetrical, 145, 146
Enmity, personal, provoking, 35, 36, 120
Entanglements, how to avoid, 185
Epidemics, duty in, 159, 160, 376
Epidemics, why physicians escape, 237
Errors in bills, 347
Eruptions, bringing out, 234, 235
Eruptions, driving in, 234
Estate, the, of deceased physician, 379–381
Estates, charges against, 346, 367
Ethics, medical, the subject of, 79–90
Eucharist, the holy, 171
Euthanasia, shall we produce? 396
Examinations, gentleness in making, 72
Examinations, making careless, 155, 197–199
Examining boards, medical, 289
Exceeding the agreement in operating, 206
Exorbitant charges condemned, 367, 368
Expedients in collecting, 362, 363
Expedients, unethical, condemned, 38, 100
Experience, the value of medical, 76, 136–138
Experiments on patients condemned, 144
Experts, pseudo-medical, denounced, 94, 95
Exposing false systems, art of, 285, 286
Extreme unction, 170
Extremists among our enemies, 292–295, 298

Faith, controlling power of, 127
False certificates, 96, 158
Fame, evanescence of, 337
Familiarity, undue, why avoid, 13, 122, 182
Family feuds, 159
Family, physician attending his own, 361
Family physician, exit of the, 34
Far-away patients, 148, 360
Fashion and wealth, the influence of, 290
Fashion, power of, in medicine, 191, 299, 300
Fashionable frauds as patients, 371
Fashions, conforming to medical, 299, 300

Fee in advance for secret diseases, why, 358–360
Fees for important cases, 352–354
Fees, lawsuits to recover, 366
Fees, the subject of professional, 355–390
Fees, whom to hold responsible for, 341, 342
Fee-tables, medical and surgical, 24, 348, 349
Female, examining, against her will, 209
Females, the influence of, 125
Fertility in expedients extolled, 201
Feuds, family, 159
Feuds, professional, condemned, 46, 348, 349
Fickleness toward physicians, 192, 195
Finances, the physician's, 378–381
Fingers, the tips of the physician's, 118
Foreign languages, usefulness of, 55
Foreigners as patients, 54
Formulas, secret, denounced, 314
Formulas, using stereotyped, condemned, 57
Fornication, recommending, denounced, 227
Fortitude extolled, 174
Four great divisions of life, 376
Fractures, popular error regarding, 207
Frauds, 371
Free dispensaries, 384–387
Friends, the faculty of making, 62, 63
Frivolity condemned, 122

Gambling by physicians denounced, 14
German language, usefulness of the, 54
Giving patients up to die, 201, 202
Golden Rule, the, 81
Gratifying the whims of patients, 211–213
Greek language, usefulness of the, 53
Guaranteeing cures, why condemned, 75, 157

Habits, disgusting, condemned, 117, 118
Habits, professional, extolled, 12
Hardships of medical life, 129, 374–379
Harlots, consorting with, results of, 14
Health, advising trips for, 245–247
Health, how to maintain your, 28, 129, 130
Heart disease, death from, 129, 394
Hell on earth, living in a, 124, 220
Heroes, who are the, of science? 109, 278
Heroic doses, giving, 196, 331, 332
High science, its place and power, 109, 110
Hobbies, success with, 284
Holy Eucharist, the, 171
Home, "not at," when called for, 26, 216
Homeopathy, 298–310
Honesty, where oftenest found, 371, 373
Hope, 63, 168, 173, 175, 176
Hope, taking away, 166
Hopeless cases, attending, 367
Horrifying remedies denounced, 243
Horse and carriage *versus* walking, 36–38
Hospital and dispensary encroachments denounced, 384, 387
Hospital and dispensary practice *versus* private, 79
Hospitals, sending your patients to, 247, 248
Hours, designating the, on bottles, 254
"How is business?" Doctor, 49
How to invest your surplus, 281–283
Human fickleness, comment on, 192, 195
Human gullibility, endlessness of, 283, 287
Human life, the value of, 72, 397
Human life-power, variations in, 399–401
Human nature the same everywhere, 43, 402
Humanity, the demands of, 369, 370
Humoring the sick, 211–213
Hurried calls, answering, 26, 361

"I cannot afford it," 373
"I forgot you," as an excuse, 148
Idiosyncrasy must be respected, 296
Ill patients, why never abandon, 201, 202
Important cases, the fees for, 252, 353
"In my opinion," 158
Incidental visits, 77, 198
Income of medical men, 379
Incompatibles in prescribing, 55
Indorsing domestic remedies, 212
Infants, having physicians for sick, 233
Influence of dress and manners, 28–30, 117
Influence of females, 15, 125
Ink, the best color to use, 345
Inquiries in the presence of strangers, 150
Insanity, certificates of, 159, 208
Insults, what to take as, 153
Intercurrent causes of death, 392
Interest, evincing, in cases, 73
Investments, making, 383, 384
Irregular physicians, contact with, 14, 265, 266, 303
Irregular, what constitutes an, 267
Irregulars, discussions with, condemned, 284
Irregulars, popular favor shown, 289, 290
Irregulars, proper course toward, 14, 265, 266, 303

Jealousy, professional, condemned, 41–43, 46
Joint fees, the division of, 369
Joint practice of medicine and pharmacy condemned, 30, 31, 312
Junior, posing as a, condemned, 140–142

Keeping articles belonging to patients, 100
Kindness, the influence of, 71–74

Labeling medicines, mistakes in, 332, 333
Labels, bottle, naming the hours on, 254, 255
Labels on bottle, the advantage of dating, 333
Languages, learning foreign, 53, 54
Last visit to cash patients, 363
Latin, the great usefulness of, 52–54
Lavish prescribing, 219
Laws, exceptional kindness to physicians, 158

Laws, medical, extolled, 287, 288
Laws, physician's duty to the, 188
Lawsuits, medical, condemned, 95, 366
Lawsuits to recover fees, 366
Ledger, why keep a, 23,
Legal duty to patients, our, 78, 90, 92, 215
Liberal profession, why medicine is a, 280
Library, creating a medical, 107, 108
Library, familiarity with contents of, 108
Life, should a physician ever shorten? 396, 397
Life-insurance of others, meddling in, 92
Life-insurance on one's self, 382
Limiting one's practice considered, 34
Liquor, prescribing, 121
List of daily visits, to prepare, 23
Literary critic, the duties of, 90
Local option, prescribing liquor under, 121
Local treatment commended, 156
Locate, where to, 3–8
Longevity of physicians, 381

Malingerers and pretenders denounced, 79, 156
Malpractice suits denounced, 92, 94, 95, 203–206
Malpractice suits, why more surgical than medical, 204
Mankind, the study of, 57, 240, 241
Mankind's dependence on physicians, 402, 403
Manners and dress, 40, 49, 61–63, 66–70, 122, 126
Marriage, fraud in, condemned, 227
Marriage of physicians, the, 123, 124
Marry, should syphilitics? 227
Masseurs and nurses, 318
Maxims, useful, on bills, 340
Maximum fee, charging the, 352–354
Medical art, imperfection of the, 270
Medical ethics, 79–90
Medical examining boards, 289
Medical journals, subscribing to, 107, 108
Medical literature, varieties compared, 108
Medical profession, greatness of the, 401–404
Medical science, progress of, 276
Medical skill, popular tests of, 64, 72
Medical societies, 102–106
Medicine, decrying, condemned, 270–273
Medicine, power of fashion in, 191, 299, 300
Medicine, the degree of certainty in, 270–273
Medicine-haters as patients, 295
Medicines, carrying a supply of, 297
Medicines, costly, suggestions regarding, 315, 316, 328
Medicines examined at every visit, 250
Medicines furnished, charges for, 315, 316, 327, 328
Medicines, prescribing unpleasant, 240
Medicines, supplying one's own, 109, 252, 297
Medicines, tact in changing, 219
Medicines, the bad effects of, 243
Medicines, the palatability of, 240
Medicines, unused, a discredit, 220
Memory of cases, 126, 183
Menial labors, by physician, 154
Mental capacity, how to test a patient's, 172
Mental therapeutics, 190, 241
Messengers not responsible for fees, 342
Metric system, the, 113
Microscope, working with the, 145
Midwives, assisting in their cases, 146
Mineral *versus* vegetable medicines, 243
Minor duties, 64, 72
Mischief-makers, contact with, 185
Miserly patients, 355
Mistakes of pharmacists, 319, 320, 333
Morals, preaching to delinquents, 162
Morphia granules, supplying, 297, 298
Mortality among physicians, 379
Motto, an excellent, 160

Name, what is in a? 142
Neglectful and perverse patients, 211, 212
Neighborly visits, making, 41
New remedies, how aided, 241
Newspaper ads., why unethical, 132
Newspaper notices from physicians, 40, 131, 132
Newspaper squibs condemned, 89
Night emissions in young men, 228
Night visits, making, 179
No charge for these services, 366, 367
"No cure, no pay" condemned, 357
Nostrums, why we condemn, 327
Novelty, influence of, in medicine, 241
Number, the, of mankind's diseases, 400
Nurses, proper demeanor toward, 210

Obstetrical cases, attending, 145, 147
Obstetrical chair or table in office, 10
Office, absence from one's, 26, 216
Office, charges for advice at, 24
Office consultations, 25
Office, dispensing medicines at one's, 25
Office fees, the subject of, 25
Office-holding physicians, 31, 32
Office hours, 20, 21
Office, locating and arranging one's, 8–12, 22, 25, 27
Office practice, 25
Office signs, 18–20
Office students, 16–18
Offices, branch, the disadvantages of, 7
Officinal terms in prescribing, 252
Old fashion in prescribing, 191, 285
Old lady with salve, caution about, 213
Old persons, operations upon, 395
Old woman of Paris, the, 191
Omission *versus* commission, 203

"Only sprained," tut! tut! it is, 398
Opinions of patients and attendants, 233
Opinions that terrify, giving, 221–228
Opinions, why be cautious in giving, 70
Osteopathy denounced, 267, 277, 283
Other physicians, attending after, 83, 131
"Overbusy" as excuse, 250
Overcharging denounced, 368
Overlooking diseases, caution against, 197–199
Overpraise from partisans, 151
Overpraise from relatives, 151
Overvisiting the sick, 154, 180–182
Overwork of busy physicians, 129, 377

Panama beans, of an irregular, 244
Partisan questions, meddling with, 35, 120, 323
Partnership, medical, not recommended, 3
Passions, influence of the, 57, 186, 187
Patient, your slate-colored, 209
Patients, attending, at business places, 78
Patients, danger of experimenting on, 199
Patients, dining with, condemned, 172
Patients, distant, attending, 148
Patients, gratifying the whims of, 211–213
Patients, hospital and dispensary, *versus* private, 79
Patients, how to transfer to specialists, 259
Patients, ill, why never abandon, 175, 201, 202
Patients, incidental, 198
Patients, legal duty to, 78, 90, 92, 215
Patients, neglectful and perverse, 211, 212
Patients, purse-proud, attending, 154
Patients, quoting medical authorities to, 141
Patients, refusal to take, 215, 216, 373
Patients, rights of, to other advice, 89, 264
Patients, varieties of, encountered, 150, 177
Patients, wealthy people as, 353
Patients, worthless, attending, 371–373
"Pay you, when shall I?" 344
Peculiarity of manner in physician, 69
Pencil sketches, making, for patients, 200
Penmanship, why strive to show good, 55
Pension claimants, certificates to, 95
Percentage agreements with pharmacist denounced, 312–314
Personal affairs, silence regarding, 48, 175
Personal appearance, physician's, 28–30, 117
Pharmaceutical catchpennies, 253, 325
Pharmacists and druggists, 311–334
Pharmacopeia, breadth of the U. S., 326
Photographs, giving one's, to patients, 164
Physician as public property, 11–15, 361
Physician, how an irregular may become a regular, 281, 282
Physician, mission of the, 175, 265, 403
Physician's life bears no charm, 381
Physician, the, as a business man, 380–382
Physician, the new, 41, 42
Physician, the old age of, 382
Physician *versus* doctor, as a title, 19
Physician, what constitutes a regular? 279, 280
Physicians as office-seekers, 31, 32, 35
Physicians, assaults upon, 208
Physician's countenance, the, 63, 219, 392
Physicians, drunken, condemned, 118–120
Physician's fingers and touch, the, 118
Physicians, rapid increase of, 45, 46
Physicians, sickly, not confided in, 59
Physicians taking official positions, 31, 32, 35
Physicians, the associates of, 12–15
Physicians, the estates of, 379
Physicians, trials of young, 4, 138, 139, 262
Physicians, wherein the older excel the younger, 134–140
Physicians, why so few get rich, 378–381
Placebos, the use and abuse of, 189, 190
Pocket instruments, 27
Pocket visiting-lists, 23, 24
Policy *versus* principle, 211, 212, 294, 300
Politeness, the value of, 61, 62, 128
Politics, physicians in, 11, 35
Polypharmacy condemned, 251
Poor, attending the, 74–76, 369, 370
Popular errors, 32, 42, 142, 143, 197, 224–238
Post-graduate studies abroad, 2, 60
Posting one's account-books, 23, 345–347
Practice, curtailing the amount of one's, 148
Practice, limiting, *versus* limiting creed, 34
Practice, preparing one's self for, 260
Practice, soliciting, condemned, 192
Precautions, two necessary, 206, 208
Pregnancy, diplomacy in suspected, 99–101
Pregnancy or tumor, 199
Prescribing enslaving drugs, 255
Prescribing extravagant quantities, 219
Prescribing inerts, 190
Prescribing over counter, 315–317
Prescribing, suggestions on, 311–334
Prescribing without an interview, 116
Prescription blanks, 312
Prescription, the object of a, 314
Prescription, to whom does it belong? 315
Prescriptions, about labeling, 254, 256, 332, 333
Prescriptions, expertness in writing, 56, 251
Prescriptions, ready-written, condemned. 141
Prescriptions, unauthorized renewal, 315
Presents from patients, 121
Press, writing for medical, extolled, 111, 116
Principle *versus* policy, 211, 212, 294, 300
Private codes, use of, 211, 212, 294, 300, 314
Profession, identifying self with the, 101, 102
Professorship, choice of a, 32, 33
Prognosis, cautions concerning, 70, 139, 140, 166, 174
Promptitude extolled, 66, 139, 196

Public opinion, power of, 11
Purity of mind, the value of, 61

Quack bitters denounced, 163
Quack medicines in drug-stores, 317, 318, 325
Quackery, ours the age of, 287
Quackish methods denounced, 38, 39, 221
Quacks and impostors, 220, 226
Question, an awkward, 140
Questioning, the art of, 62, 140
Questions, asking private, in public, 150, 151
Questions, caution about repeating, 239
Questions, rule regarding asking, 199
Questions to be avoided, 140, 175
Questions, unwelcome, to avoid, 140, 175
Quinia, popular prejudice against, 244
Quoting what books say condemned, 141, 142

℞ as a sign or symbol, 56
Ready-written prescriptions condemned, 141
Receipts, why compel debtors to take, 365
Reclaiming patients from irregulars, 285
Recommending other physicians, 216
Record-book, keeping a, commended, 200
Recreation, physicians', 28, 129–131
Reference-book, value of a, 200
"Regular physician" as a title, 279
Relatives, attending rich people's poor, 342
Religion, the value and power of, 165–172
Relinquishing attendance on cases, 179, 264
Remedies, domestic, indorsing, 213
Remedies, horrifying, denounced, 243
Removals, frequent, by physician, 5, 7, 40
Rendering bills, 338, 339, 364
Renewal of prescriptions, how to prevent, 254
Reporting one's cases in journals, 114, 115
Reprints, making and distributing, commended, 113
Reputation, value of professional, 39, 58, 59
Reputation, varieties of, 39, 58, 59, 135
Respect the dead, why, 143
Responsibility, dividing unusual, 203
Retirement from practice, 377
Reviling medicine condemned, 270–273
Rich, poor patients who become, 76
Rich, the, not to pay for the poor, 351
Riding *versus* walking, 36
Rivalry, hostile, condemned, 41–44
Routine practice condemned, 57
Ruling spirits in family, the, 151
Rusting in medicine, 106

Scale of human life-power, 399, 400
Scandal, the tongue of, 60, 61, 209–211
Scientists extolled, 109, 110, 144
Scold, how to, without offending, 123
Secrets, professional, 153, 154, 184–187
Self-control extolled, 68
Self-disinfection, 161
Self-medication by the laity, 251, 252
Self-preservation, a ruling instinct, 43
Self-reliance, the value of, 66, 67, 257–259
Seniors, why respect the, 134–136
Sequelæ, foreseeing and foretelling, 398
Servants, attending people's, 77
Services to clergymen, 325, 367
Services to employees for employers, 341
Services to or for brother physicians, 131, 367
Services to the poor, 74–76
Services, various, not to charge for, 366, 367
Shame, only a matter of, 209
Shock as cause of death under anesthesia, 207
Short visits, how to make, 155, 249
Shut your eyes and see not these, 233
Sick-benefit certificates, 365
Sick, humoring the, 211–213
Sickly physicians not confided in, 59
Signs, office, 18–20, 24
Six useful agents, 242
Skill, medical, 57, 58, 110, 270–273, 399
Slavery of the physician's life, 129, 375–378
Social influence, unreliability of, 127
Society, a duty to, 188
Soliciting practice, habit of, condemned, 192
Something disreputable to avoid, 100
Speaking-tube to one's bedroom, 22
Specialists, when to patronize the, 258, 259
Specialty, the question of adopting a, 33, 34
Specifying a particular make, 327
Speculum, abuse of the vaginal, 222
Spiritualism denounced, 283
Spoons, variation in the size of, 255
Sporting with sports condemned, 13–15
Sprain, fracture or dislocation? 398
Sprained, it is only, 398
Springtime, taking medicine in the, 191
Stepping-stones to practice, 74, 75
Streets, closing the, for sickness, 239
Students, increasing number of, 18, 45
Students, medical, varieties of, 16–18
Study abroad, 260
Style and address, professional, 40, 49, 61–63, 66–70, 122, 126, 139
Sudden death cases, 393
Suffixes, appending to author's name, 115
Sunday as a day of rest, 130
Sunday, receiving fees on, 344
Sunday, practicing medicine on, 130
Sunday, prescribing liquor on, 121
Superseding other physicians, 83, 87, 89, 131
Suppressing chronic discharges, risk of, 235
Surgeons, the demand for, why limited, 67
Surgical table or chair at office, 10
Surprise, showing, at visits, 391–393
Swearing off from drink condemned, 163
Swearing to certificates of sickness, 158
Swindlers as patients, 371–374
Symptoms, objective and subjective, 78
Synonyms, the use of justifiable, 330
Syphilitic cases, attending, 149, 359, 360

Syphilitics, the marriage of, 227
System in business, necessity of, 12, 23

Table or chair, surgical, in office, 10
Tact, professional, the value of, 1, 29, 404
Tears, import of, in sickness, 187
Telephone, the, recommended, 22
Temper, control of, 68
Terms, transposing pharmaceutical, 331
Terrifying opinions, 221–228
Therapeutics, crude, condemned, 241
Therapeutics, mental, the use of, 241, 242
Thomsonianism denounced, 276
Time lost in waiting at visits, 249
Time, the rapid flight of a physician's, 128
Toleration of difference of opinion, the, 105
Tongue-depressors, caution about, 161
"Too busy to attend!" as excuse, 215, 361
Trade-mark articles, the status of, 253
Trained nurses and masseurs, 318
Transient patients, attending, 345
Tricks on patients, 144, 178
Trips for health, advising, 246, 247
Triumphs, proper demeanor after, 84
Truth, the paramount value of, 174
Tumor or pregnancy? 199

Unction, extreme, 170
Undercharging condemned, 348–350
Unenviable titles, 149
Unexpected death of patients, 391, 392
Unlucky doctors, 124
Unused articles, money wasted on, 220
U. S. Pharmacopeia, breadth of, 326

Vacation, the physician's, 28, 129–131
Vaccination, professional obligation in, 91
Value of professional reputation, 39, 58, 59
Variability of power of endurance, 400, 401
Variation in the size of spoons, 255
Varieties of patients, 78, 150, 177, 178, 193, 374, 399
Vastness of medical science, 57, 402
Vegetable *versus* mineral medicines, 243
Venereal cases, attendance on, 149, 359, 360
Venereal diseases, the fee in, 358–360
Visit, the last, to cash patients, 363
Visit, why double charge for the first, 354
Visiting the dead, 177
Visiting the patient of another, 83, 84, 131
Visiting-list, best way to carry one's, 24
Visiting-list, how to improve one's, 23
Visitors to the sick, 64, 238, 239
Visits, conduct at professional, 63, 67, 184
Visits, how to make short, 155, 249
Visits, incidental, 77, 196
Visits, neighborly, making, 41
Visits to the sick, 64, 71, 154, 182
Vivisection, animal, considered, 144
Vocabulary of different classes, the, 399
Volunteer services condemned, 91

Walker, Doctor, *versus* Doctor Rider, 36–38
Wars of competition condemned, 41–44, 348
Wasting patient's money, 220
Whims of patients, gratifying the, 211–213
Why people change physicians, 195, 291–294
Wife, the physician's, meddling, 184
Wills and estates of patients, the, 159, 173
Wiseacres and critics, 217, 218
Withdraw, how to, from a case, 179
Witness, duty to self when a, 93, 94, 188
Woman's devotion to the sick, 73
Womb-doctoring by impostors, 222, 223
Word "folio" on bills, 340, 364
Work, amount done by physician, 129, 377
Worthless people as patients, 215, 361, 373
Worthless systems, exposing, 285, 286
Writing for the medical press, 111–116

Young physician, the, 4, 134–139, 262



LANE MEDICAL LIBRARY

This book should be returned on or before
the date last stamped below.

H727 Cathell, D.W. 66423
C36 Book on the
1902 physician himself.

NAME | DATE DUE